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TO OFFICE PO AND DIRECTORS IN 11	

2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 21, 2000 8:00 am Secretary of State **DOCUMENT # G90482** 1. Entity Name PASO VIEJO CATTLE CO. 03-21-2000 90017 034 ***150.00 Mailing Address Principal Place of Business 6834 SUNRISE DR 6834 SUNRISE DR CORAL GABLES FL 33133-7022 CORAL GABLES FL 33133 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State 59-2Country Zip. Zip Country 5. Certificate of Status [7._Name and Address 6. Name and Address of Current Registered Agent CORONA, RAMON Street Address (P.O. Box Number is Not Ad **6834 SUNRISE DRIVE CORAL GABLES FL 33133** City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the S SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Cam After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund C Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change TITLE ☐ Delete TITLE CORONA, RAMON, JR. NAME NAME STREET ADDRESS 6834 SUNRISE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33133 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change □ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CiTY-ST-7IP

SIGNATURE: _

STREET ADDRESS

3-14-00 (305)