2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P00000103137 1. Entity Name KEYDATA 2000, CORP. 04-16-2001 90043 008 ***150.00 Mailing Address Principal Place of Business 12113 SW 251 STREET 12113 SW 251 STREET HOMESTEAD FL 33032 HOMESTEAD FL 33032 2. Principal Place of Business 3. Mailing Address 2113 SW 25/ST. sam DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65 - 1052517 Applied For City & State City & State Not Applicable Country \$8.75 Additional | |**ラ**3032 \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HERNANDEZ, MARIANELA Street Address (P.O. Box Number is Not Acceptable) 12113 SW 251 STREET HOMESTEAD FL 33032 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. larianela Hernander (NOTE: Registered Agent signature required when reinstating) - - - FILE NOW!!! FEE IS \$150.00 9.=This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE □ Delete NAME NAME DE PINHO, MANUEL A STREET ADDRESS STREET ADDRESS 12113 SW 251 STREET CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33032 Change ☐ Addition TITLE TITLE □ Delete DE PINHO, MANUEL A NAME NAME STREET ADDRESS STREET ADDRESS 12113 SW 251 STREET CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33032 ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE