FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with ap andress, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

FFICER OR DIRECTOR

SIGNATURE:

Apr 23, 2001 8:00 am Secretary of State DOGUMENT # P98000035380 MENDEZ INTERNATIONAL ASSOCIATES, INC. 04-23-2001 90224 007 ***150.00 Principal Place of Business Mailing Address 1062 S.W. 156TH TERRACE 1062 S.W. 156TH TERRACE PEMBROKÉ PINES FL 33027 PEMBROKE PINES FL 33027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 65-0833932 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MENDEZ, OSIRYS Street Address (P.O. Box Number is Not Acceptable) 1062 S.W. 156TH TERRACE PEMBROKE PINES FL 33027 City Zip Code FL Submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, 8. The above named entity SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ■ Addition ☐ Delete TITLE TITLE MENDEZ, OSIRYS NAME NAME STREET ADDRESS STREET ADDRESS 1062 S.W. 156TH TERRACE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33027 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-789 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition 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