FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000084270 1. Entity Name 03 OCT 30 AM 11: 04 10631 S.W. KENDALL DR., INC. SECRETARY OF STATE ALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE wn4 2. Principal Place of Business 3. Mailing Address 11901 SW 64 STREET 11901 SW 64 STREET · Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65-0950607 Applied For City & State City & State MIAMI, FL MIAMI, FL Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 33183 33183 Fee Required 7. Name and Address of Current Registered Agent Name HECTOR O. CASTELLON DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 11901 SW 64 STREET City MIAMI 8. The above named entity urpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of req SIGNATURE (NOTE: Registered Agent signature required when reins After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS CR2E0348 (12/02) m_{LE} (P/D) HECTOR O. CASTELLON NAME NAME 11901 SW 64 STREET STREET ADDRESS STREET ADDRESS MIAMI, FL 33183 CITY-ST-ZIF CITY-ST-ZP MILE πu NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-28 TTLE TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST-740 CITY-ST-7IP ses not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contact and that my signature shall have the same legal effect as if made under oath; that I am an officer or director secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an 12. I hereby certify that the information supplied with this fill indicated on this report or supple of the corporation or the receive attachment with an address, with SIGNATURE: