2000 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2000 8:00 am **DOCUMENT # 231288 Secretary of State** A.J.C. OF MIAMI, INC. 02-08-2000 90150 043 ***158 75 Principal Place of Business Mailing Address P.O. BOX 360-151 15 REINA ISABEL, VILLA TORRIMAR OUT 1700 PO BOX 360-151 PO BOX 360-151 SAN JUAN PR 00936-0151 GUAYNABO PR 00969 US 2. Principal Place of Business 3. Mailing Address P.O. Box 192153 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. AN JUAN Applied For City & State City & State 4. FEI Number 66-0269500 Not Appill Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired 00919-2153 US A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARRIDO, CHARLES H Street Address (P.O. Box Number is Not Acceptable) 9569 SW 59 ST **MIAMI FL 33173** Zip Code City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11, Lourdes M. ORBAY-CERRATTO Change TIT) F PD ☐ Delete TITLE NAME ORBAY.CERRATO,ANTONIO NAME 15 REINA FLABEL, VILLA TORRINAR STREET ADDRESS STREET ADDRESS 15 REINA ISABEL, VILLATORRIMAR CITY-ST-ZIP CITY-ST-ZIP GUAYNABO PR 00969 []······ ☐ Change TITLE ☐ Delete TITLE ORBAY CERRATO, ANTONIO JR STREET ADDRESS STREET ADDRESS = 15 REINA ISABEL VILLA TORRIMAR 🧢 😁 CITY-ST-ZIP CITY-ST-ZIP **GUAYNABO PR** □ · · · · Change ☐ Delete TITLE NAME NAME SUAREZ, MARI LUZ STREET ADDRESS STREET ADDRESS 15 REINA ISABEL, VILLATORRIMAR CITY-ST-ZIP CITY-ST-ZIP GUAYNABO PR 00969 TITLE ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZiP ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

3. 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 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fh. 2 2000

(787) 731-7346

Daytime Phone #