2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 293084 Jan 14, 2000 8:00 am 1. Entity Name **Secretary of State GULMA WHOLESALE, INC.** 01-14-2000 90004 008 ***158.75 Principal Place of Business Mailing Address 2345 N W 21 TERR 2345 N W 21 TERR MIAMI FL 33142-7245 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1098004 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - - - -6. Name and Address of Current Registered Agent Name GARCIA, JORGE M. Street Address (P.O. Box Number is Not Acceptable) 2150 N.W. 9ST. MIAMI FL 33125 Zip Code 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) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITI F ☐ Delete TITLE Change Addition GARCIA, JORGE M NAME NAME 2150 NW 9TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE MONTEJO, MAURICIO NAME NAME STREET ADDRESS 6520 S.W. 17TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition TITLE ☐ Delete TITLE. OLLET, JULIO NAME NAME STREET ADDRESS STREET ADDRESS 1015 S.W. 88TH AVENUE CITY-ST-7IP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE MONTEJO, BLANCA NAME NAME 6520 S.W. 17TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/5/2000

305-638-175C

Daytime Phone #