2001 UNIFORM BUSINESS REPORT (UBR)

JIV (A)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

SIGNATURE:

Sep 18, 2001 8:00 am Secretary of State 294528 DOCUMENT # 1. Entity Name 01-25-2001 90114 025 ***150.00 SARAL PUBLICATIONS, INC. 09-18-2001 90004 049 ***550.00 Principal Place of Business Mailing Address 6355 N.W. 36TH STREET 6355 N.W. 36TH STREET VIRGINIA GARDENS FL 33166 VIRGINIA GARDENS FL 33166 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. FEI Number Applied For 59-1103522 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARLOS AMEZCUA GARCIA, ORLANDO Street Address (P.O. Box Number is Not Acceptable) 6355 NW 36TH ST VIRGINIA GARDENS FL 33166 Zip Code City FL 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 \$550.00 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 September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (5/01)Change ☐ Addition TITLE ☐ Delete TITLE ČÄRABIAS PRINCIPE RAFAEL MARTINEZ, RAUL LOPEZ NAME NAME STREET ADDRESS 6355 NW 36TH ST STREET ADDRESS 6355 NW 36TH ST VIRGINIA GARDENS FL 33166 CITY-ST-ZIP VIRGINIA GARDENS FL 33166 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME alfonso de angoitia noriega NAVA GOMEZ-TAGLE GUILLERMO STREET ADDRESS STREET ADDRESS 6355 NW 36TH ST 6355 NW 36TH ST CITY-ST-ZIP CITY-ST-ZIP VIRGINIA GARDENS FL 33166 VIGINIA GARDENS FL 33166 TITLE ☐ Delete TITLE NAME NAME CLAIRIN, FERNANDO ANTIL PAILLES BOUCHEZ ALEJANDRO STREET ADDRESS STREET ADDRESS 6355 NW 36TH STREET 6355 NW 36TH STREET CITY-ST-ZIP CITY-ST-ZIP VIRGINIA GARDENS FL 33166 <u>VIRGINIA GARDENS FL</u> 33166 Delete Addition TITLE S TITLE NAME NAME SPENCER, THOMAS R JR. SPENCER R THOMAS JR. STREET ADDRESS STREET ADDRESS 6355 NW 36TH ST 6355 NW 36TH ST CITY-ST-ZIP VIRGINIA GARDENS FL 33166 CITY-ST-ZIP <u> VIRGINIA GARDENS FL</u> <u> 33166</u> ddition TITLE ☐ Delete TITLE AZUCENA DOMINGUEZ DE SAN MARTIN NAME NAME DOMINGUEZ DE SAN MARTIN AZÚCÉN STREET ADDRESS STREET ADDRESS 6355 NW 36TH ST 6355 NW 36TH ST CITY-ST-ZIP VIRGINIA GARDENS FL 33166 CITY-ST-ZIP VIRGINIA GARDENS FL 33166 ☐ 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 fling 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 of 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.

SECRETARY

3.24

FILED