2001 UNIFORM BUSINESS REPORT (UBR)

May 02, 2001 8:00 am Secretary of State **DOCUMENT # 364270** 1. Entity Name Joseph Sanchez, Inc. 05-02-2001 90202 048 ***150.00 Principal Place of Business Mailing Address 3201 TAMPA BAY BLVD 3201 TAMPA BAY BLVD TAMPA FL 33607 TAMPA FL 33607 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 59-2169176 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 SANCHEZ, ROLAND Street Address (P.O. Box Number is Not Acceptable) 3201 TAMPA BAY BLVD TAMPA FL 33607 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. 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, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE NAME NAME PLIEGO, MARY A STREET ADDRESS STREET ADDRESS 1615 RIVERHILLS DR CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Addition VT ☐ Delete TITLE TITLE SANCHEZ, ROLAND R. NAME NAME STREET ADDRESS STREET ADDRESS 3201 TAMPA BAY BLVD CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Addition Delete -TITLE SANCHEZ, JOSEPH, JR NAME NAME STREET ADDRESS STREET ADDRESS 3201 TAMPA BAY BLVD CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 | Date | Date | Daytime Phone #