2000 UNIFORM BUSINESS REPORT (UBR) Apr 18, 2000 8:00 am Secretary of State DOCUMENT # 394234 1. Entity Name FAROBE INVESTMENTS CORP. 04-18-2000 90066 038 ***150.00 Mailing Address Principal Place of Business 7291 NW 74TH ST. 7291 NW 74TH ST. MEDLEY FL 33166 MEDLEY FL 33166-2407 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4.-FEI-Number City & State City & State 59-1437952 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEHAR, ENRIQUE Street Address (P.O. Box Number is Not Acceptable) 7291 NW 74TH ST. MEDLEY FL 33166 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 (NOTE: Registered Agent signature required when reinstaling) DATE Signature, typed or printed name of registered agent and title if applicable 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Change Addition SD TITI F ☐ Delete BEHAR, ENRIQUE NAME STREET ADDRESS STREET ADDRESS 7291 NW 74TH ST. CITY-ST-ZIP CITY-ST-ZIP MEDLEY FL 33166 ☐ Change ☐ Addition TITLE PD Delete TITLE BEHAR, ROBERTO NAME NAME STREET ADDRESS STREET ADDRESS 7291 NW 74TH ST. CITY-ST-ZIP CITY-ST-ZIP MEDLEY FL 33166 ☐ Change Addition TD ☐ Delete TITLE TITLE BEHAR, FANNY NAME NAME STREET ADDRESS STREET ADDRESS 7291 NW 74TH ST. CITY-ST-ZIP CITY-ST-ZIP MEDLEY FL 33166 Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

04/11/00

305)863-1146

■ Addition

Daytime Phone #

Change