2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 429385 Apr 24, 2000 8:00 am Secretary of State PINZON PRODUCTS, INC. 04-24-2000 90005 049 ***150.00 Mailing Address Principal Place of Business 7730 NW 72ND AVE 7730 NW 72ND AVE MIAMI FL 33166-2214 MIAMI FL 33166 LIS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1565507 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERNANDEZ, FLORENTINO JR. Street Address (P.O. Box Number is Not Acceptable) 7730 NW 72ND AVE MIAMI FL 33166 Zip Code 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 DATE 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition **VTD** Change ☐ Delete TITLE FERNANDEZ, ESTHER NAME STREET ADDRESS 2457 COLLINS AVE #1103 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL ☐ Addition ☐ Delete TITLE Change TITLE FERNANDEZ, FLORENTINO NAME NAME STREET ADDRESS 2457 COLLINS AVE #1103 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL Change ☐ Addition TITLE TITLE ☐ Delete NAME FERNANDEZ, FLORENTINO JR NAME STREET ADDRESS STREET ADDRESS 105 NW 132 AVE CITY-ST-ZIP CITY-ST-ZIP MIAM I FL [] Addition TITLE Change ☐ Delete DDE FERNANDEZ, CARLOS A. NAME NAME STREET ADDRESS 8501 SW 94 AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Desyline Phone #

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