| 2000 UNIFOR | RM BUSIN | IESS REPO | ソンチント RT (UBI | R) | | | | | | | |
|--|----------------------------------|---|---|-----------------|---|--|---|--------------------------------|---|------------|--|
| DOCUMENT # 1. Entity Name B.V.R. End | H8 erprises, | 5868 Inc. | \ <u>\</u> | | ΛI. | FILE OAPRIT PI | | | | | |
| Principal Place of Business 3th Street, #207 Same as Place of Business. Draf Gables, FC 33134 | | | | | SECRE (ART OF STATE TALLAHASSEE, FLORIDA | | | | | | |
| 2. Principal Place of Business 4 3129 S. W. 8 Suite, Apt. #, etc. | Apt. #, etc. Suite, Apt. #, etc. | | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| Corn Gables 7 | FL | City & State | | 4 | FEI Number | 1619032 | | No | plied For t Applicable | - | |
| 33/34 2 | TAA. | Zip | Country | | _ | of Status Desired | □ Б | 8.75 Add ee Required | | | |
| Enrique Balagi | Idress of Current Reg | gistered Agent | Name H | a Del | Cam | Address of New Re | reda | gent | ,. . | | |
| 584 5.W. 13° | SHEET | | 334 | 48 To | nemi | linos Au | renue | ····· | | - | |
| Miami, FL 3 | 3144 | | c r | ian | | ···/ ₁ / / ·· | FL | 337 | 78 | 1 | |
| - · | | | | | | | | | | | |
| SIGNATURE Street, typo or period of | ts this statement for the | | egistered office of | | | th, in the state of Flor | ida. 3/2) DATE | 12000 | | | |
| Signature Signature, typed or personal | name of registered agent and to | 9. Election Campaign Trust Fund Contribu | Registered Agent signat | \$5.00 Added to | n reinstating) May Be Fees | Make Der | DATE Check Poartment | of State | | | |
| SIGNATURE Stratus, typed on particular to the strategy of the | name of registered agent and to | 9. Election Campaign Trust Fund Contribu | Registered Agent signat | \$5.00 Added to | n reinstating) May Be Fees | Make Dep ANGES TO OFFICER | DATE Check Poartment of | of State | | 6 | |
| SIGNATURE Spratus type of particular type of particular type of particular type of particular type of the particul | name of registered agent and to | 9. Election Campaign Trust Fund Contribu | Registered Agent signat | \$5.00 Added to | may Be Fees DITIONS/CH ENT/T/ EL COMM SW 8*** Gables, | Make Dep ANGES TO OFFICER TEN SEPULVON SHRET SUI HE FL 83134 PIDIDIDIS -014/24 | Check Poartment of 207 | Change Change | 10 Addition Addition Addition Addition Addition Addition Addition | 72E037 (9/ | |
| SIGNATURE Signature, typed or personal and the street address CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS | name of registered agent and to | 9. Election Campaign Trust Fund Contribu | Registered Agent signat Financing tion. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | \$5.00 Added to | may Be Fees DITIONS/CH ENT/T/ EL COMM SW 8*** Gables, | Make Dep ANGES TO OFFICER TEN SEPULVON SHRET SUI HE FL 83134 PIDIDIDIS -014/24 | 3/20) DATE Check Properties AS AND DIRI 207 207 4/00-0 61.25 | Change Change | 10 Addition Addition Addition Addition Addition Addition Addition | 72E037 (9/ | |
| SIGNATURE Spratus, type of particular 10. ;; | name of registered agent and to | 9. Election Campaign Trust Fund Contribu CTORS Delete | Registered Agent signat Financing tion. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | \$5.00 Added to | may Be Fees DITIONS/CH ENT/T/ EL COMM SW 8*** Gables, | Make Dep ANGES TO OFFICER TEN SEPULVON SHRET SUI HE FL 83134 PIDIDIDIS -014/24 | 3/20) Date Check Poartment of 207 3/2/27 3/2/27 3/2/27 | ECTORS IN Change Change Change | 10 Addition Addition Addition Addition Addition Addition Addition Addition Addition | 32E037 (9/ | |

12. 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 of rustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition