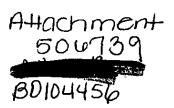
2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 506739** Aug 11, 2000 8:00 am 1. Entity Name FLORIDA CHAIN CORP. Secretary of State 08-11-2000 90091 024 ***150.00 Principal Place of Business Mailing Address 5356 W 14TH LANE 5358 W 14TH LANE HIALEAH FL 33012 MALPAH PL 33012 US 2. Principal Place of Business 3. Mailing Address SW. 13032 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MIAM City & State Applied For City & State 4. FEI Number 59-1685724 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired MIAHI- DADA Fee Required .5.-Name and Address of Current Registered Agent .7...Name and Address of New Registered Agent Name RAMIREZ, ONELIO Street Address (P.O. Box Number is Not Acceptable) 5356 WEST 14 LANE HIALEAH FL 33012 Zip Code City 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 signsture 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 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete TITLE Change ☐ Addition TITLE NAME RAMIREZ, ONELIO NAME 5356 WEST 14TH LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP HIALEAH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP tm F Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ITTLE Chance JITLE ☐ Delete GVAME NAME STREET ADDRESS STREET ADORESS CMY-ST-ZIP CITY-ST-21P ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ŚT-ZIP 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:



FLORIDA CHAIN CORP. 5356 W 14TH LANE HIALEAH, FL 33012

July 14, 2000

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
-TALLAHASSEE; FL 32302-1500-

Ref: Late filing of Uniform Business Report for

Florida Chain Corp. Document No. 506739 EIN: 59-1685724

Gentlemen:

We just received your Second Notice to file the above reference report. We are filing the report paying the regular fee of \$150.00 since we never-received the original-form or any otherwarning that the report had not been filed.

As evidenced by the attached documents, last year we had to reinstate our corporation since the forms had gone to a wrong address due to our fault in not changing an incorrect mailing address on file. Our report that reinstated the corporation was filed on 11/15/99. At this time we changed our mailing address, but it seems that this change might have reached you too late to correct our address.

Although we understand that we should be alert so these things do not happen errors like these happen because our corporation has had very little activity for some time. In view of these circumstances we ask you that the penalty of \$400.00 for late filing be waived.

Sincerely yours,

FLORIDA CHAIN CORP.