2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 19, 2000 8:00 am Secretary of State **DOCUMENT # 522871** MIAMI HEAD & BLOCK, INC. 04-19-2000 90043 012 ***150.00 Principal Place of Business Mailing Address 3528 N.W. 36 STREET 3528 N.W. 36 STREET MIAMI FL 33142 MIAMI FL 33142-5040 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 59-1712310 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name RICARDO MENA Street Address (P.O. Box Number is Not Acceptable) 2820 SW 32 AVE **MIAMI FL 33142** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MENA, RICARDO NAME STREET ADDRESS STREET ADDRESS 2820 SW 32ND AVE City-St-7IP CITY-ST-ZIP MIAMI, FL 00000 [Addition ☐ Change ☐ Delete TITLE NAME MENA, MIRIAM NAME STREET ADDRESS 2820 SW 32ND AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 ☐ Change ☐ Addition TITLE ☐ Delete NAME MENA, RICARDO NAME STREET ADDRESS 2820 SW 32ND AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 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 ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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