2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 585298 May 18, 2000 8:00 am Secretary of State 1. Entity Name ADVICA CORPORATION 05-18-2000 90359 032 ***150.00 Principal Place of Business Mailing Address 1159 NW 22 AVE 1159 NW 22 AVE MIAMI FL 33125 MIAMI FL 33125-2738 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 59-1846881 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PARDO, JOVITO Street Address (P.O. Box Number is Not Acceptable) 1006 NW 19TH AVE MIAMI FL 33125 City 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 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 \$5.00 May Be 10. Election Campaign Financing 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 12. OFFICERS AND DIRECTORS 11, ☐ Addition Change TITLE PD ☐ Delete TITLE PARDO, JOVITO NAME NAME STREET ADDRESS STREET ADDRESS 1006 N.W. 19TH AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33125 ☐ Change Addition TITLE ☐ Delete TITLE VSD NAME NAME PARDO, PILAR STREET ADDRESS STREET ADDRESS 1006 N.W._19TH AVE. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33125** ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-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 receive or ustee 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 attac

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR