2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 19, 2000 8:00 am Secretary of State **DOCUMENT # 587085** VICTOR BALLESTAS, INC. 04-19-2000 90006 014 ***150.00 Principal Place of Business Mailing Address N W 24TH ST 500 N W 24TH ST MIAMI FL 33127-4300 FL 33127 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 59-1901793 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent Name **BALLESTAS, VICTOR** Street Address (P.O. Box Number is Not Acceptable) 500 N.W. 24TH STREET **MIAMI FL 33127** 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 12. 11. CR2E034 (9/99) PD Change Addition ☐ Delete TITLE BALLESTAS, VICTOR NAME NAME STREET ADDRESS STREET ADDRESS 500 N.W. 24 STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33127** DVS ☐ Delete ☐ Change ☐ Addition TITLE BALLESTAS, IVETTE NAME NAME 500 N.W. 24 STREET STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33127** Addition ☐ Delete TITLE ☐ Change TITLE BALLESTAS, LOREN Y NAME STREET ADDRESS STREET ADDRESS 500 NW 24TH ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33127** ☐ Addition Change ☐ Delete TITLE BALLESTAS, IVONNE H NAME NAME STREET ADDRESS STREET ADDRESS 500 NW 24TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33127 ☐ Addition ☐ Change ☐ Delete TITLE BALLESTAS, VENESSA NAME STREET ADDRESS 500 NW 24TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33127 **X** Addition ☐ Change ☐ Delete TITLE TITLE NAME Ballestas, victor h Je NAME STREET ADDRESS STREET ADDRESS 500 NW ZÁTH ST CITY-ST-ZIP MIAMI FL 33127 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