2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 09, 2001 8:00 am Secretary of State DOCUMENT # 594802 PRESTO INTERNATIONAL, INC. 02-09-2001 90214 037 ***150.00 Principal Place of Business Mailing Address 5001 SW 74TH COURT, SUITE 205 5001 SW 74TH COURT, SUITE 205 MIAMI FL 33155-1453 MIAMI FL 33155-1453 NEW SUITE Number 200 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1919122 Not Applicable Zip 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 CHAVEZ, MR. OMAR A. Street Address (P.O. Box Number is Not Acceptable) 4730 SANTA MARIA ST CORAL GABLES FL 33146 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME CHAVEZ, OMAR A STREET ADDRESS STREET ADDRESS 4730 SANTA MARIA ST CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL Delete TITLE TITLE ☐ Addition ☐ Change NAME CHAVEZ, OMAR A NAME STREET ADDRESS STREET ADDRESS 4730 SANTA MARIA ST CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33146 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receiver of 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ans SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

Delete

☐ Change

Addition