2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2000 8:00 am Secretary of State **DOCUMENT # 641510** 1. Entity Name LOZANO, INC. 01-25-2000 90123 034 ***150.00 Mailing Address Principal Place of Business 6959 CORAL WAY 6959 CORAL WAY MIAMI FL 33155-1705 MIAMI FL 33155-1705 80007367 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 59-2008284 Not Amaticate to Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOZANO, BERNARDO Street Address (P.O. Box Number is Not Acceptable) 8420 SW 56 ST **MIAMI FL 33155** | 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 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 After MAY 1, 2000 Fee will be \$550.00 Tax filling 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 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE LOZANO, ANTONIO NAME NAME STREET ADDRESS STRÉET ADDRÉSS 7329 S.W. 34 ST. RD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition ☐ Delete TITLE TITLE LOZANO, HORTENSIA NAME NAME STREET ADDRESS STREET ADDRESS 7329 S.W. 34 ST. RD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change √ Addition TITLE ☐ Delete NAME LOZANO, BERNARDO NAME STREET ADDRESS 8420 SW 56 ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** ☐ Channe □ Addition Delete TITLE TITLE HERRERO, HOATENSIA NAME NAME STREET ADDRESS . STREET ADDRESS 7329 SW 34 ST. RD. CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: