2000 UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT # 853603

1. Entity Name

LYNBROOK NV, INC.,

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 27 AM 6:28

Principal Place of Business	Mailing Address
6601 SW 132nd Ave Miami, Fl. 33183	6601 SW 132nd Ave. Miami, Fl 33183

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6601 SW 132nd Ave.	6601 SW 132nd Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33183 Country: USA	Zip: 33183 Country: US

4. FEI Number: 59-2100809 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Jose Luis Salsamendi Sr. 6601 SW 132nd Ave. Miami Fl 33183	Name: Jose Luis Salsamendi Sr. Street Address (P.O. Box Number is Not Acceptable): 6465 SW 130 Place, ~~Apt. 507~~ City: Miami **FL** Zip Code: 33183

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: President — DATE: September 19, 2000

Signature, address or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS Jose Luis Salsamendi Sr. de Ruyterkade 62 ~~Curacao, Neth Antil~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS Jose Luis Salsamendi Sr. 6465 SW 130 Place Apt.507 Miami Fl 33183 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Curacao Corporation Co NV de Ruyterkade 62 ~~Neth Antil~~ ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003415594--1 -10/05/00--01102--016 *****61.25 *****61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Caso Llano Alfonso de Ruyterkade 62 ~~Neth Antil~~ ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST Jose Luis Salsamendi Jr. 6465 SW 130 Pl Apt.507 Miami, Fl 33183 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9/19/25 ☐ Change ☐ Addition

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: Jose Luis Salsamendi Sr. September 19 2000 305 7523232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #