## **2000 UNIFORM BUSINESS REPORT (UBR)** Apr 22, 2000 8:00 am Secretary of State **DOCUMENT # F81890** 1. Entity Name AMERILAND INVESTMENTS, CORP. 04-22-2000 90040 001 \*\*\*150.00 Principal Place of Business Mailing Address 9201 SW 102 ST % JORGE A HERNANDEZ MIAMI FL 33176-3046 3935 NW 26 ST. OUCHOUN MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc. City & State City & State 4. FEI Number Applied For 59-2274177 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 HERNANDEZ, JORGE A Street Address (P.O. Box Number is Not Acceptable) 3935 NW 26 ST. **MIAMI FL 33142** 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 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 11. OFFICERS AND DIRECTORS 12. Addition TITLE ☐ Delete TITLE Change NAME HERNANDEZ, PURA O NAME STREET ADDRESS STREET ADDRESS 9201 SW 102 ST. CITY-ST-ZIP CITY-\$T-ZIP MIAMI FL Addition TITLE ☐ Delete TITLE ☐ Change NAME AVILA, ALEJANDRO NAME STREET ADDRESS 3935 N.W. 26TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HERNANDEZ, JORGE A NAME STREET ADDRESS STREET ADDRESS 9201 SW 102 ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME

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 in changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

☐ Delete

JORGE A. HERLANDEZ 4/13/00

☐ Change

Addition