FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am Secretary of State DOCUMENT # **F89937** 1. Entity Name SITIO GRANDE INVESTMENT, INC. -17-2001 90176 028 ***150 00 Principal Place of Business Mailing Address 837 LORCA ST 837 LORCA ST CORAL GABLES FL 33134 CORAL GABLES FL 33134 C0047273 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-0209836 Not Applicable Zip Country 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 TOYOS, WALDO Street Address (P.O. Box Number is Not Acceptable) 837 LORCA CORAL GABLES FL 33134 Zin 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) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition Change TITLE ☐ Delete TITLE TOYOS, WALDO NAME NAME STREET ADDRESS 837 LORCA ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL** ☐ Addition TITLE ☐ Delete Change NAME TOYOS, SUSANA STREET ADDRESS 837 LORCA ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE 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-7IP Delete TITLE 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 filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/01

305 443-7949

Daytime Phone #