2000 UNIFORM BUSINESS REPORT (UBR)

Procedul Flace of Business NAMING Address NAMING Address NAMING T. 2016-550 Procedul Flace of Business 10661 North Kendall Drive 10661 North Kendal	incipal Place of	LORIDA, INC.				FILED Apr 20, 2000 8:00 a Secretary of State		
ROW HITH ST IN THE STORE PRINCE OF Business Substance 2010	34 NW 14TH ST							
Process Teach Process 1.0661 North Kendall Drive 1.0661 North Kendall		f Business	Mailing Address					
Prictabl Place of Business 30661 North Kendell Drive 30661 North Kendell Drive 3076 Apr # No. 5076 Apr # No. 50								
10661 North Kendall Drive Sixt Ast File Sixt Ast	MI I E DOILO		MININ TE ESTO 1000					
Suite, Art. # etc. Lift to 210 - Suite 210 - City & State								
Suite 210 Country 317						DO NOT WRITE IN THIS SPACE		
Amail			1					- '
Stages Addition of Status Desired XB S8.75 Additional See	City & State				4. F	El Number 59-2214892	\	
ORTIEGA, NELSON LUIZ C 8284 NW 14TH ST MIAMI FL 33126 Suite 210 Nimm Steat Address of New Registered Agent Steat Address of New Registered Agent Steat Address of New Registered Agent Suite 210 Nimm Suite 210 Nimm FL 33176-1550 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Frorida. The corporation is eligible to satisfy its Intengible Agent	Zip	Country	Zip		5. 0	Certificate of Status Desired XX	\$8.75 Add	itional
Name Name			J			tame and Address of New Registe		1
BOSH NW 14TH ST MIAMI FL 33128 Suite 210 Suite 210 Suite 210		** · · · · · · · · · · · · · · · · · ·	4.	Name				
MIAMI FL 33126 Suite 210 Miami FL 33176-1550 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Plorida. CRNATURE Great Gr	8284 NW 14TH ST			Street Ad	eet Address (P.O. Box Number is Not Acceptable) 661 North Kendall Drive			
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. GNATURE Supatara, topout or primed name of the greener spare and the a participant. Another Mediation Appear signature records when remotating) Datie.								
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. GNATURE Sepatian, bytes or present name of registered agent and the a septicante. This corporation is eligible to satisfy at Intengible Tax filing requirement and elects to do so. This corporation is eligible to satisfy at Intengible Added to Flores Are May 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 Trust Flund Contribution. Added to Flores RET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE NAME TREE ADDITIONS/CHANGES TO OFFICERS AND INTECTORS IN 11 BE ADDITIONS/CHANGES TO OFFICERS AND INTECTORS IN 11 THE NAME TREE ADDITIONS/CHANGES TO OFFICERS AND INTECTORS IN 11 THE NAME TREE ADDITIONS/CHANGES TO OFFICERS AND INTECTORS IN 11 THE Delete THE NAME THE NAME THE NAME THE Delete THE NAME THE Delete THE NAME THE Delete THE NAME THE NAM					210		Zip Code	1550
GNATURE Signature, typood or printed name of tred stanked against and size if applicates. NOTE Registered Against displaces received when recessating) DATE				•) all in the Santa of Therish	22170	1330
PST ORTEGA, NELSON LUIZ C 9284 NW 14TH ST MIAMA FL THE Delde THLE NAME STREET ADDRESS CITY-ST-ZP THE NAME STREET ADDRESS CITY-ST-ZP THE Change Addition Addition Addition ADDRESS CITY-ST-ZP THE Change Addition Addition ADDRESS CITY-ST-ZP THE Change Addition Addition Addition ADDRESS CITY-ST-ZP THE Change Addition ADDRESS CITY-ST-ZP THE Change Addition Addition Addition ADDRESS CITY-ST-ZP THE Change Addition Addition ADDRESS CITY-ST-ZP THE Change ADDRESS CITY-ST-ZP THE Change ADDRESS CITY-ST-ZP THE CHANGE ADDRESS CITY-ST-	(See criteria	on back)	. ·					
STREET ADDRESS TY-ST-ZP MIAMN FL Delide Miami, Florida 33176-1550 Change Addition	TLE	PST	· ·	a :			Change Ch	Addition
TY-ST-ZP MIAMN FL Delete TITLE NAME SIREET ADDRESS CITY-ST-ZP Miami, Florida 33176-1550 Change Addition					10661	North Kendall Driv	e, Suite 2	210
INME IREET ADDRESS ITY-ST-ZIP ITLE INME INME INME INME INME INME INME INM				CITY-ST-ZIP	Miami	, Florida 33176-155		_
INCET ADDRESS ITY-ST-ZIP TILE Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TILE NAME NAME SIREET ADDRESS CITY-ST-ZIP TILE NAME NAME NAME SIREET ADDRESS CITY-ST-ZIP TILE NAME NAME NAME SIREET ADDRESS CITY-ST-ZIP TILE NAME NAME STREET ADDRESS CITY-ST-ZIP TILE NAME NAME STREET ADDRESS CITY-ST-ZIP TILE NAME NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TILE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TILE NAME NAME STREET ADDRESS CITY-ST-ZIP TILE NAME NAME STREET ADDRESS CITY-ST-ZIP TILE NAME NAME STREET ADDRESS CITY-ST-ZIP TILE NAME NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME NAME STREET ADDRESS	TLE		☐ Delete				☐ Change	☐ Addition
TILE AME TREET ADDRESS TITY-ST-ZIP TILE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE AME AME INVEST ADDRESS CITY-ST-ZIP TILE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AME INVEST ADDRESS CITY-ST-ZIP TITLE AME STREET ADDRESS CITY-ST-ZIP TITLE AME STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition Addition Addition Addition TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE ADDRESS CITY-ST-ZIP TITLE CHANGE Addition TITLE CHANGE Addition TITLE CHANGE Addition Addition TITLE CHANGE Addition Addition TITLE CHANGE Addition	TREET ADDRESS			STREET ADDRESS				
MAKE TREET ADDRESS TITY-ST-ZIP TILE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDR	ITY-ST-ZIP	.:	El parte					☐ Addition
TITY-ST-ZIP TIE Delate TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition	AME		CTI Deleta	I			Viisigs	
THE Delete TITLE NAME Delete NAME Delete NAME Delete Dele	TREET ADDRESS	;						
STREET ADDRESS CITY-ST-ZIP ITLE MAME MAME MAME MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS 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(5)(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 sarfie/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.	ITLE		☐ Delete	TITLE	***************************************		☐ Change	Addition
TITLE TAME TAME TAME TAME TAME TO Delete TITLE TAME TAME TAME TO Delete TITLE TO Change Addition Addition TITLE TO Change Addition Addition TITLE TO Change Addition TITLE TO Change Addition Addition TITLE TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP TO CHANGE STREET ADDRESS CITY-ST-ZIP TO CHANGE TO CHANGE Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TO CHANGE TO CHANGE Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TO CHANGE TO CHANGE Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TO CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP TO CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP TO CHANGE Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TO CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP CONTROLL TO CHANGE Addition Addition NAME STREET ADDRESS CITY-ST-ZIP CONTROLL TO CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP CONTROLL STREET ADDRESS CITY-ST-ZIP CONTROLL TO CHANGE Addition Addition NAME STREET ADDRESS CITY-ST-ZIP CONTROLL STREET ADD	IAME			1				
NAME STREET ADDRESS S	CITY-ST-ZIP							
STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS 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)(V) 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.	TILE		☐ Delete				☐ Change	Addition
Delete TITLE NAME STREET ADDRESS 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)(V). 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.	STREET ADDRESS							. •••
NAME STREET ADDRESS 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.	CITY-ST-ZIP		mily as a popularity	ŧ			□ cb4	□ Addition
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 sarrie/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.	TITLE :		Delete ليل مرجم	•			L. F Change	TT ACOUNT
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.	STREET ADDRESS			•				
changed, or on an attachment with an address, with all other like empowered.	CITY-ST-ZIP	artifus that the information execution in	th this filing does not qualify for		ed in Section	n 119 07/AVIV Florida Statutas I fur	ther certify that the	information
changed, or on an attachment with an address, with all other like empowered.	I J. I DEFECT CO	on this report or supplemental report on this report or supplemental report poration or the receiver or trustee emi	is true and accurate and that it sowered to execute this report it	ny signature shall / as required by Cha	ave the sartion	e legal effect as if made under oath	that I am an office	r or director or Block 12 if
	indicated (pour sin crock in	