2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am Secretary of State DOCUMENT # F9700002445 1. Entity Name 05-16-2001 90383 031 ***150.00 THE SOUTHWEST GROUP LTD Principal Place of Business Mailing Address 456 WILSON AVE C/O FRANCISCO VALENCIA. SW GROUP LTD 656269 SAN JUAN PR 00907 PO BOX 20973 SAN JUAN PR 00910 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0744108 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name FRANCISCO, VALENCIA Street Address (P.O. Box Number is Not Acceptable) 34 S. FED HWY STE. 8 **DANIA FL 33004** Zip Code City 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, 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **PVTS** ☐ Change ☐ Addition TITI F ☐ Delete TITLE VALENCIA, FRANCISCO NAME NAME STREET ADDRESS 1456 WILSON AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SAN JUAN PR 00907 Pres., Vice-Pres., Sec. & Tile. - Delete FRANCISCO UNIENCIA ☐ Addition Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 103 Saw Jorge St. CITY-ST-ZIP CITY-ST-ZIP SouTures, P.IL. 6091 Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/E CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete 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

s, with all other like empowered

changed, or on an attachment with ar

SIGNATURE:

FILED