2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2001 8:00 am Secretary of State **DOCUMENT # G34025** 1. Entity Name H.G.V. ENTERPRISES, INC. 05-10-2001 90221 007 ***150.00 Principal Place of Business Mailing Address 777 NW 72 AVENUE 777 NW 72 AVENUE 6800000044 MIAMI INTERNATIONAL MART #3AA27 MIAMI INTERNATIONAL MART #3AA27 MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FE! Number 59-2279453 Not Applicable Zip Country Country \$8,75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARCIA-VILLAMIL, HECTOR Street Address (P.O. Box Number is Not Acceptable) 777 N.W. 72 AVE. MIAMI INT'L MART #3AA27 MIAMI FL 33126 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE Change NAME NAME GARCIA-VILLAMIL, HECTOR 17955 SW 291 ST. STREET ADDRESS STREET ADDRESS 16250 SW 272 STREET CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL Change ☐ Addition ☐ Delete TITLE TITLE GARCIA-VILLAMIL, HECTOR NAME NAME 17955 SW 291 ST. STREET ADDRESS STREET ADDRESS 16250 SW 272 STREET CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD, PL 33030 HOMESTEAD FL Addition: TITLE ~ 🗀 · Delete * ^ ~~ ~ TITLE Change -NAME NAME GARCIA-VILLAMIL, TERESA 17955 SW 291 ST STREET ADDRESS STREET ADDRESS 16250 SW 272 STREET CITY-ST-ZIP CITY-ST-ZIP HOMBTEAD, FL 33030 HOMESTEAD FL TITLE ☐ Change ☐ Addition Delete TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ 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-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 mysignature 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 trusted 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 addless, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR ARINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date