2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # H06749 Mar 20, 2000 8:00 am 1. Entity Name **Secretary of State** RICHARD PADRON AND ASSOCIATES, INC. 03-20-2000 90009 040 ***150.00 Mailing Address Principal Place of Business 3229 FLAGLER AVE. UNIT 101 3229 FLAGLER AVE. UNIT 101 P. O. BOX 2152 (C/O RICHARD PADRON) P. O. BOX 2152 (C/O RICHARD PADRON) KEY WEST FL 33040-4687 KEY WEST FL 33040-4687 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-24 18299 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PADRON, RICHARD Street Address (P.O. Box Number is Not Acceptable) 3229 FLAGLER AVE., UNIT 101 KEY WEST FL 33045-9152 Zip Code FL 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 DATE 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, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Delete TITLE TITLE NAME NAME PADRON, RICHARD STREET ADDRESS STREET ADDRESS 76 DOGWOOD LANE CITY-ST-ZIP CITY-ST-ZIP SUGARLOAF SHORES FL ☐ Addition Change ☐ Delete TITLE NAME PARDRON, DOLORES NAME STREET ADDRESS STREET ADDRESS 76 DOGWOOD LANE CITY-\$T-ZIP CITY-ST-ZIP SUGARLOAF SHORES FL ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete DIRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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.

Daytime Phone #