2000 UNIFORM BUSINESS REPORT (UBR)

Mar 10, 2000 8:00 am **DOCUMENT # H92412** Secretary of State JORDAD CORPORATION 03-10-2000 90025 022 ***150.00 Mailing Address Principal Place of Business C/O A. F. ALENTADO & ASSOC. C/O A. F. ALENTADO & ASSOC. 1149 SW 27 AVE. #203 1149 SW 27 AVE #203 MIAMI FL 33135-4700 MIAM! FL 33135 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2612444 Not Applicable \$8.75 Additional Zip, Country 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 HEVIA, JORGE Street Address (P.O. Box Number is Not Acceptable) 1149 SW 27TH AVENUE STE. 301 MIAMI FL 33135 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. ☐ Addition ☐ Delete TITLE TITLE SAIEH, EMMA NAME NAME STREET ADDRESS STREET ADDRESS **1361 NE 118TH STREET** CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change **X** Delete PRESIDENT Addition TITLE TITLE SAIEH, SORAYA 1110 PAPAYA ST. SAIEH, SORAYA NAME NAME STREET ADDRESS 1250 NE 125TH ST. #301 STREET ADDRESS outywood -FL 33019 CITY-ST-ZIP--CITY-ST-ZIP-N MIAMI-FL VICE-PRESIDENT Change M Addition TITLE TITLE SAIEH, SALVADOR 1110 PAPAYA ST. SALVADOR, SAIEH NAME NAME 12 STONE 125TH ST. #301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33019 CITY-ST-ZIP N. MIAMI FL ☐ Change Addition ☐ Delete TITLE TITLE NAME 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 ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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SIGNATURE: Salvador Saleh (South 3-6-00 305-895-6778 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylume Phone #

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