2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 10, 2000 8:00 am Secretary of State **DOCUMENT # J02304** N.W. 8TH STREET CORP. 04-10-2000 90064 038 ***150.00 Principal Place of Business Mailing Address 1804 RIVER ROAD 1804 RIVER ROAD JACKSONVILLE FL 32207 JACKSONVILLE FL 32207-3902 3. Mailing Address 2. Principal Place of Business 7353 N.W. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2647765 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agen Name SACERIO FERNANDEZ, MANUEL Street Address (P.O. Box Number is Not Accepta 4020 SW 129TH AVE. **MIAMI FL 33175** ACKSONYi his statement for the purpose of changing its registered office or registered agent, or both 8. The above named entity sub SIGNATURE (NOTE: Registered Agent signature required when re 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 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. **5** Delete Change TITLE TITLE GIADYS N. SACERIO Change 1804 RIYER ROAD JACKSONVIIIE- FIA 32207 FERNANDEZ, GLADYS NAME STREET ADDRESS STREET ADDRESS 1804 RIVER ROAD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Change **X** Addition TITLE ☐ Delete TITLE NAME FERNANDEZ MANUEL NAME 4020 SW 129 ave MIAMI, 31A- 33195 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE __ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eport 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 that 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

SIGNATURE:

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTO