2002 UNIFORM BUSINESS REPORT (UBR)

Aug 06, 2002 8:00 am Secretary of State **DOCUMENT #** J21768 1. Entity Name 08-06-2002 90131 026 ***550 00 SUBACHOQUE CORPORATION Principal Place of Business Mailing Address 428 SAILBOAT CIRCLE **428 SAILBOAT CIRCLE** FT. LAUDERDALE FL 33326 FT. LAUDERDALE FL 33326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0435469 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent GARCIA-VIDAL, RAOUL ESQ Street Address (P.O. Box Number is Not Acceptable) 2655 LE JEUNE ROAD PENTHOUSE 2-C **CORAL GABLES FL 33134** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition BAENA, GLORIA L NAME NAME STREET ADDRESS **428 SAILBOAT CIRCLE** STREET ADDRESS FT. LAUDERDALE FL 33326 CITY-ST-ZIE CITY-ST-ZIP TITLE VΡ ☐ Delete TITLE ☐ Change Addition NAME BAENA, LUIS FERNANDO NAME STREET ADDRESS 428 SAILBOAT CIRCLE STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33326 CITY-ST-7IP TITLE ST. Delete_ ☐ Change ☐ Addition NAME BAENA, CLARA A NAME STREET ADDRESS 428 SAILBOAT CIRCLE STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33326 CITY-ST-ZIP TITLE □ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME 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

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 changed, or on an attachment with an address, with an other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

FILED

CR2E034 (4/02)