2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # K62273** May 12, 2000 8:00 am Secretary of State 1. Entity Name SOUTH FLORIDA ELECTRIC SERVICE, INC. 05-12-2000 90004 013 ***150.00 Mailing Address Principal Place of Business 5890 W 9TH CT 5890 W 9TH CT HIALEAH FL 33012 HIALEAH FL 33018-5260 3. Mailing Address 6962 W-2. Principal Place of Business 30" CT 962 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0095992 FloriDA 41AI BAH FLORIOA Not Applicable HALEAU Country Country \$8.75 Additional 5. Certificate of Status Desired 33018 3018 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LIVERO 10 AGE RIVERO: JORGE Street Address (P.O. Box Number is Not Acceptable) 5890 W 9TH COURT HIALEAH FL 33012 City HIOLE AH 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 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 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 11. ☐ Addition PD ☐ Delete TITLE . TITLE JORGE RIVERD NAME RIVERO, JORGE NAME (962 W. 307 4 CT. STREET ADDRESS STREET ADDRESS 5890 W. 9TH CT. HIDIEAH / FC. BSOIS CITY-ST-ZIP CITY-ST-ZIP HIALEH FL MIRTA RIVERD CT ☐ Change ☐ Addition ☐ Delete TITLE TITLE RIVERO, MIRTA NAME NAME STREET ADDRESS STREET ADDRESS 5890 W. 9TH CT. HILLBAN, Fl. BBOIR CITY-ST-ZIP CITY-ST-ZIP HIALEH FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP Change ☐ Addition ☐ Délete TÎTLE" TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME

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 of the receiver of 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 addition, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

Joece Riven

04-27-2000 (and 7786645

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Daytime Phone #