2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 01, 2003 8:00 am Secretary of State K79785 **DOCUMENT#** 05-01-2003 90409 006 ***150.00 1. Entity Name VIC FIELD. INC. Principal Place of Business Mailing Address K MANUEL B. CUESTA O BOX 500000 777 EAST 25TH STREET #212 MIAMI SHORES FL 33153 HIALEAH FL 33013 2. Principal Place of Business 3. Mailing Address 6769 PANSY DRIVE PO BOX 834 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 65-0176551 City & State Applied For MÍRAMAR, FLORIDA WAYCROSS, Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33023 Fee Required 31502-0834 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ELINA CROUD CUESTA. MANUEL B --Street Address (P.O. Box Number is Not Acceptable) 6769 PANSY DRIVE -777 EAST 25TH STREET ---#212 -HIALEAH FL 33013 -City MIRAMAR: 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. 4/25/03 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE Delete TITLE ☐ Change GUESTA: MANUEL -CUESTA, MANUEL B. NAME NAME 1777 EAST 25TH ST #212 STREET ADDRESS 909 BARKLEY STREET STREET ADDRESS HIALEAH FL CITY-ST-ZIP CITY-ST-ZIP WAYCROSS, GEORGIA 31501 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INLE Delete JILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-7IP 12. 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 eath; 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 10 or Block 11 if

FILED

4/25/03

Daytime Phone #