2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # L42509** Apr 13, 2000 8:00 am Secretary of State 1. Entity Name FLORENCIA USA, INC. 04-13-2000 90062 009 ***150.00 Mailing Address Principal Place of Business P.O. BOX 141996 2121 PONCE DE LEON BLVD CORAL GABLES FL 33114-1996 SUITE 420 CORAL GABLES FL 33134 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State 65-0185297 Not Applicable Country \$8.75 Additional 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 DE LA HOZ JOSE M. Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD. **SUITE 420 CORAL GABLES FL 33134** 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. 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 \$5.00 May Be 10. Election Campaign Financing 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ★ Addition TITLE **PST** TITLE Delete JOSE J. DE LA HOZ 2121 Ponce deLeon BIUD. HOZ, JOSE M. DE LA NAME NAME STREET ADDRESS STREET ADDRESS 2121 PONCE DE LEON BLVD. CITY-ST-ZIP CITY-ST-7IP CORAL GABRES, FL 33114 CORAL GABLES FL 🔀 Addition ☐ Delete Change TITLE JOSE J. DE LA HOZ 2121 PONCE de LEON Blud. NAME HOZ, JOSE M. DE LA STREET ADDRESS STREET ADDRESS 2121 PONCE DE LEON BLVD. CITY-ST-ZIP CORAL GABLES FL 33114 CITY-ST-ZIP CORAL GABLES FL 1 Change 🗷 Delete Addition TITLE VD NAME NAME HOZ, JOSE M. DE LA STREET ADDRESS STREET ADDRESS 2121 PONCE DE LEON BLVD CITY-ST-ZIP CITY-ST-ZIF CORAL GABLES FL 33134 Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Delete'

SIGNATURE SIGNATURE AND THREE OR PRINTED NAME OF SIGNATURE OF DIRECT

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

4/6/00 305-447-1666

☐ Addition

☐ Addition

Change