2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # L43496** May 26, 2000 8:00 am Secretary of State M & B INTERNATIONAL TRADING CORP. 05-26-2000 90101 004 ***158.75 Mailing Address Principal Place of Business 6135 W. 21 COURT 5888 W. 20TH AVENUE HIALEAH FL 33016-2691 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 59-2992369 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name POMERANIEC, BERNARDO Street Address (P.O. Box Number is Not Acceptable) 6135 W. 21ST COURT HIALEAH FL 33016 Zip Code FL 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 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 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 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME BECHER, MARCOS STREET ADDRESS STREET ADDRESS 6135 W. 21ST COURT CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 ☐ Change ☐ Addition ☐ Delete TITLE. TITLE NAME POMERANIEC, BERNARDO NAME 6135 W. 21ST COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 ☐ Change Addition ☐ Delete TITLE" TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information it 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 powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplies indicated on this report or supplemental re of the corporation or the received with all other like empowered. changed, or on an attachmen

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR