2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 07, 2000 8:00 am Secretary of State **DOCUMENT # L51175** OFFICE RENTALS, INC. 03-07-2000 90220 045 ***158.75 Principal Place of Business Mailing Address % ANTONIO FROYO % ANTONIO FROYO 13000 SW 120TH ST. 13000 SW 120TH ST. OTOGO MIAMI FL 33186-4526 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0024029 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FROYO, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 1300 SW 120TH ST. **MIAMI FL 33186** 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition ☐ Delete TITLE FROYO, ANTONIO NAME NAME 13000 SW 120TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE MIAMI FL ☐ Change Addition ☐ Delete TITLE TITLE PERRIN, ARTHUR NAME NAME STREET ADDRESS 13000 SW 120TH ST. STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP .Change Addition _ TITLE-- Delete TITLE FROYO, IVANKA NAME NAME 13000 SW 120TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change ☐ Delete TITLE PERRIN, ROSE NAME 13000 SW 120TH ST STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 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

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR