2000 UNIFORM BUSINESS REPORT (UBR)

7/1

FILED
Aug 09, 2000 8:00 am
Secretary of State
07-18-2000 90019 037 ***150.00
08-09-2000 90087 007 ***400.00

DOCUMENT # L82059

1. Entity Name
COMINTER CORPORATION

Principal Place of Business	Mailing Address
8427 N.W. 68TH STREET MIAMI FL 33173	8427 N.W. 68TH STREET MIAMI FL 33166-2658

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10125 N.W 116 WAY	10125 N.W. 116 WAY
Suite, Apt. #, etc. #2	Suite, Apt. #, etc. #2
City & State MEDLEY (MIAMI)	City & State MEDLEY (MIAMI)
Zip 33178 Country MIAMI-DADE	Zip 33178 Country MIAMI-DADE

4. FEI Number 65-0201979 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, ENRIQUE
7930 SW 95 AVENUE
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD SANCHEZ, ENRIQUE 7930 SW 95 AVENUE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD SANCHEZ, PABLO 8427 N.W. 68TH STREET MIAMI FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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.

SIGNATURE: (REQUIRED) 7-13-00 305-889-6667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #