2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 15, 2000 8:00 am Secretary of State DOCUMENT # MO1050 MALU ENTERPRISES, INC. 09-15-2000 90014 007 ***150.00 Principal Place of Business 9331 NW 121 TER. HIALEAH GARDENS FL 33018 Mailing Address 9331 NW 121 TER HIALEAH GARDENS FL. 33018 A0078394 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CANO, EDUARDO J. 9331 NW 121 TER. Street Address (P.O. Box Number is Not Acceptable) HIALEAH GARDENS FL 33018 Zip Code 8. The active named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE 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 This corporation is eligible to satisfy its Intangible \$5.00-May-Be Election.Campaign.Financing 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Change Addition ☐ Delete SALDANAS, NEMROOM. 9439 FONTAINE BLEAU BLVD. #103 NAME NAME STREET ADDRESS STREET ADDRESS MIAMI FL 33144 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change Addition TITLE ☐ Delete NAME 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 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 12 in the life produced of the corporation of the receiver of t changed, or on an attachment with an add, other like empowered.

avtime Phone #

CANO-CADENAS ACCOUNTING, INC.

Los Pinos Shopping Center 4236 W. 16th Ave. Hialeah, FL 33012 Phone (305)828-8255 Fax (305)828-0565 September 11, 2000

Div. of Corporations **UBR Filing Section** P.O. Box 1500 Tallahassee, FL 32302-1500

RE: M01050

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Dear Sir or Madam:

Please, find attached 2000 Uniform Business Report and check in the amount of original filing.

By the May deadline, the Corporation of the line of reference requested a form to file because it did not received the current year report form. Nevertheless, it sent check no. 107 on April 27, 2000 payable to the Dept. of State. As the Corporation did not receive in a reasonable period of time the requested report, nor check no. 107 was cashed, we contacted the Division again, by mid August. Ms. Stacey instructed to send this explanation with a check in the amount of the original fee. That's what we are doing now, by these means, per instructions.

We thank you for your kind help.

Respectfully,

Registered Agent