2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 27, 2000 8:00 am Secretary of State **DOCUMENT # M01807** 1. Entity Name PATRON ACCOUNTING SERVICES, INC. 01-27-2000 90102 045 ***158.75 Principal Place of Business Mailing Address 13800-SW-8TH-STREET-13800 SW 8TH STREET 800000000 #103 #103 MIAMI FL 33184 MIAMI FL 33184-3032 HS 2. Principal Place of Business 3, Mailing Address 2721 SW 137 AVE. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 115 Applied For City & State City & State 4. FEI Number 65-0069610 MIAMI, FL. 33,75 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33175 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) $1101\ SW\ 139\ AVE$ PATRON, MINERVA D. 13800 SW 8 STREET 103 -MIAMI FL 33184-City MIAMI 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. 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PST X Change ☐ Addition TITLE ☐ Delete TITLE PATRON, MINERVA D. NAME NAME 1101 SW 139 AVE. STREET ADDRESS STREET ADDRESS 13800 SW 8TH STREET #103 CITY-ST-ZIP MIAMI, FL. CITY-ST-7IP MIAMI FL TITLE ☐ Delete TITLE X Change ■ Addition PATRON, MINERVA D. NAME 1101 SW 139 AVE. STREET ADDRESS STREET ADDRESS 13800 SW-8TH STREET #103 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL. 33184 MIAMI FL ☐ Delete X Change ☐ Addition TITLE PATRON.RICARDO A. NAME 1101 SW 139 AVE. 13800 SW 8TH STREET #103 STREET ADDRESS STREET ADDRESS MIAMI, FL. 33184 CITY-ST-ZIP CITY-ST-ZIP MIAMI-FL. Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete TITI F Addition 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.

JINED PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR