2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # M19956 May 02, 2000 8:00 am **Secretary of State** CORPORATE CLAIM SERVICES, INC. 05-02-2000 90101 040 ***150.00 Mailing Address Principal Place of Business 3915 BISCAYNE BLVD. 3915 BISCAYNE BLVD. MIAMI FL 33137-3779 MIAMI FL 33137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2572538 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JUNGER, GUY M Street Address (P.O. Box Number is Not Acceptable) 3915 BBISCAYNE BLVD. **MIAMI FL 33137** 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 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12, 11. ☐ Addition ☐ Delete TITLE TITLE ESPIN, ROBERTO J NAME NAME 3915 BISCAYNE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33137 CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE CUADRA, HENRY NAME STREET ADDRESS 3915 BICAYNE BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33137 TDSV Change ☐ Addition ☐ Delete TITLE TITLE NAME Lopez, Juan NAME STREET ADDRESS 3915 BISCAYNE BLVD. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33137** CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE STAR, WILLIAM NAME NAME 3915 BISCAYNE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33137** ☐ Change Addition □ Delete TITLE TITLE JACKSON, SHAUN NAME NAME STREET ADDRESS STREET ADDRESS 3915 BISCAYNE BLVD.

<u>33137</u> <u>Miami, FL</u> 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 repoy 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 trustoer in block 11 or Block 12 if changed, or on an attachment with an addition with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

v

Luis Alvarez

3915 Biscayne Blvd.

TITLE

NAME

SIGNATURE:

MIAMI FL 33137

ZUHLKE, JAMES

MIAMI FL 33137

3915 BISCAYNE BLVD

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X Delete

☐ Change

Addition