2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # M23181 Apr 21, 2000 8:00 am Secretary of State 1. Entity Name INTERWORLD COMMERCIAL ENTERPRISES, INC. 04-21-2000 90156 008 ***150.00 Principal Place of Business Mailing Address 8809 NW 23 STREET 8809 NW 23 STREET MIAMI FL 33172 MIAMI FL 33172-2419 **いひひひひまりま** 2. Principal Place of Business 3. Mailing Address 25 ST. 9400 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-2625684 Not Applicable HIMI Zip \$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 DUATE, NICK Street Address (P.O. Box Number is Not Acceptable) 9400.N.W .: 25TH STREET ... **MIAMI FL 33172** Zip Code FI 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (III Change ☐ Addition ☐ Delete TITLE TITLE **OUSLEY, WILLIE M** NAME NAME 9400 NW 25 ST. STREET ADDRESS STREET ADDRESS 8809 NW 23 STREET CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33172** ☐ Change ☐ Addition TITLE □ Delete DUARTE: NICK NAME NAME 9400 N.W. 25TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** ☐ Change ☐ Addition TITLE ☐ Delete TITLE BATUSIC, JULIANA NAME NAME STREET ADDRESS 9400 N.W. 25TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ´ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SPINATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/08 35-592-4328
Date Dayline Phone #