2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 09, 2000 8:00 am Secretary of State **DOCUMENT # M24482** ODALY'S DESIGNS & SUPPLIES, INC. 06-09-2000 90028 039 ***150.00 Mailing Address Principal Place of Business 3855 S.W. 137 AVENUE #11 3855 S.W. 137 AVENUE #11 MIAMI FL 33175 MIAMI FL 33175 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2613442 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -CORDERO, ODALYS Street Address (P.O. Box Number is Not Acceptable) 13760 S.W. 38TH STREET **MIAMI FL 33175** Zip Code FL 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) 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 11. ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME CORDERO, ODALYS NAME STREET ADDRESS STREET ADDRESS 13760 S.W. 38TH STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** ☐ Addition Change ☐ Detete TITLE TITLE CORDERO, MARTHA B NAME NAME STREET ADDRESS STREET ADDRESS 13760 S.W. 38TH STREET CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33175** ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADORESS 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 poort 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 trustle 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 appears, with all other like empowered.

SIGNATURE: Daytime Phone # SIGNATURE AND TY ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date