## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 29, 2002 8:00 am Secretary of State DOCUMENT # N0000002144 1. Entity Name 08-29-2002 90082 026 \*\*\*\*61.25 CONCHORD CAYO HUESO, INC. Principal Place of Business Mailing Address 3920 SOUTH ROOSEVELT BLVD. 3920 SOUTH ROOSEVELT BLVD. SOUTH 213 SOUTH 213 KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address <u>39305. ROOSEVELT BUID</u> 3930 S. ROOSEVELT BUD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable YOUNG, JOHN J 3920-SOUTH-ROOSEVELT-BLVD. SOUTH 213 KEY WEST FL 33040 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to min. will be \$236.25. Trust Fund Contribution. Added to Fees Department of State 10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Addition YOUNG, JOHN J NAME NAME SOUTH DOOSEVELT BLUD #308 E 3920 SOUTH ROOSEVELT BLVD. SUITE 213 STREET ADDRESS 3930 STREET ADDRESS CITY-ST-ZIP KEY WEST FL 33040 CITY-ST-ZIP TITLE D ☐ Delete TITLE Change ☐ Addition NAME KRUER. WAYNE NAME STREET ADDRESS 3920 SOUTH ROOSEVELT BLVD, SUITE 213 STREET ADDRESS CITY-ST-ZIP KEY WEST FL 33040 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Change STUPEK, WARREN NAME NAME 1 STREET ADDRESS 3920 SOUTH ROOSEVELT BLVD. SUITE 213 STREET ADDRESS CITY-ST-ZIP KEY WEST FL 33040 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a address, with all other like empowered.

SIGNATURE: