2001 UNIFORM BUSINESS REPORT (UBR)

Aug 14, 2001 8:00 am Secretary of State DOCUMENT # N0000007218 1. Entity Name 04-17-2001 90020 017 ****47.50 AMERICA, INC. 03-22-2001 90059 038 ****13.75 08-14-2001 90006 026 ****61.25 Principal Place of Business Mailing Address 2199 ALI-BABA 2199 ALI-BABA OPALOCKA FL 33054 OPALOCKA FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSARIO, BOBBY Street Address (P.O. Box Number is Not Acceptable) 2199 ALI-BABA **OPALOCKA FL 33054** City 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) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Addition Change PDROSARIO, BOBBY NAME NAME STREET ADDRESS 2199 ALI-BABA STREET ADDRESS CITY-ST-ZIP **OPALOCKA FL 33054** CITY-ST-7IP TITLE ☐ Delete TITLE **Addition** Change VD MIRET, PABLO NAME NAME STREET ADDRESS 2081 WEST 76TH STREET STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-ZIP Delete Addition -TITLE SD-Change SANTIESTEBAN, MELQUIADES NAME NAME STREET ADDRESS 971 WEST 64TH PL STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP Delete TITLE TITLE TD Change X Addition NAME MEDERO, FRANCISCO NAME EDUARDO GONZALEZ 5390 sw 130 AVE STREET ADDRESS 2199 ALI-BABA STREET ADDRESS CITY-ST-ZIP OPALOCKA FL 33054 CITY-ST-ZIP FL 33027 MIRAMAR, TITLE ☐ Delete ☐ 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-7IP 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

SIGNATURE

FILED