2003 NOT-FOR-PROFIT CORPORATION

Apr 15, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N07234** 04-15-2003 90120 041 ****61.25 1. Entity Name THE GARRIDO FOUNDATION, INC. Principal Place of Business Mailing Address ~~!~#00 8105 NW 77 STREET 8105 NW 77 STREET MIAMI FL 33166 MIAMI FL 33166 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2603583 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUITE 2-B BIRD, INC. Street Address (P.O. Box Number is Not Acceptable) 8105 NW 77 STREET MIAMI FL 33166 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Delete TITLE ☐ Change ■ Addition GARRIDO, JOSE A. NAME NAME 6262 BIRD ROAD STE. 2B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE GARRIDO, JOSE A., JR. NAME NAME 6262 BIRD ROAD STE. 2B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TIT! F MORALES, MANUEL R., JR. NAME NAME 28 W. FLAGLER ST. 11 FL. STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITI F ☐ Change Addition GARRIDO, ZADY NAME NAME 6262 BIRD RD 2B STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition

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

NAME

STREET ADDRESS

CITY-ST-7IP

NAME

STREET ADDRESS

CITY-ST-ZIP

JOSE A. GARWIDO 4-10.03 JOS \$91-111 SIGNATURE

FILED