2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N10349 Feb 20, 2000 8:00 am 1. Entity Name **Secretary of State** MUNICIPIO DE NUEVITAS EN EL EXILIO INC. 02-20-2000 90042 033 ****61.25 Principal Place of Business Mailing Address 4590 W 9TH CT 1324 W 40TH ST HIALEAH FL 33012-3534 HIALEAH FL 33012 2. Principal Place of Business 10232 S.W. 3. Mailing Address 2802 N.W. 15th St. 16 St. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Miami Applied For City & State 4. FEI Number 59-2761871 F1 Miami Fl. Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired 33165 U.S. 33125 Fee Required U.S. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fredy Mujica Street Address (P.O. Box Number is Not Acceptable) EDELMAN, MEDINA 4590 WEST 9 COURT 2802 N.W. 15th St. HIALEAH FL 33012 City Miami Zip Code 33125 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 2-2-00 FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD ☐ Addition TITLE ☐ Delete TITLE NAME NAME PEROZO, ALBERTO J Alberto Camps STREET ADDRESS STREET ADDRESS 1324 W 40TH ST St. CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 VPD ☐ Addition (X) Change ☐ Delete TITLE TITLE VPD Robert o Fandiño 326 S.W. 66 Ave. NAME NAME SANCHEZ, RICARDO STREET ADDRESS STREET ADDRESS 41 NW 59TH CT Miami Fl. 33144 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 SD Mariela Camps 102.32 S.W. 16th St. ☐ Addition Y Change TITLE SD ☐ Delete TITLE NAME ESTRADA, JULIA NAME STREET ADDRESS STREET ADDRESS 2960 SW 25TH ST Miami, Fl. 33165 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133 Change ☐ Addition TITLE T/D ☐ Delete TITLE TD Fredy Mujica NAME EDELMAN, MEDINA NAME 2802 N.W. 15th St. STREET ADDRESS STREET ADDRESS 4590 WEST 9 COURT Miami. Fl. 33125 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report of 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 an address, with all other like empowered. Coadelman Medina

SIGNATURE:

2-2-2000 Date

305-823-4738 Daytime Phone #