FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2001 8:00 am Secretary of State DOCUMENT # N14779 1. Entity Name 04-26-2001 90133 002 ****61.25 EX CLUB, INC. Principal Place of Business Mailing Address 8500 SW 8 ST 301 S.W. 63TH COURT **SUITE #258** MIAMI FL 33144 MIAMI FL 33144 US 3. Mailing Address LAGGERST. Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FFI Number 59-2842489 mum Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. 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) **BORGES, ROLANDO** 301 SW 63 CT **MIAMI FL 33144** 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 (NOTE: Registered Agent signature required when reinstating) DATE **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Addition NAME NAME SUBIRA, SALVADOR STREET ADDRESS STREET ADDRESS 4800 NW 6TH ST. CITY-ST-ZIP CITY-ST-ZIF MIAMI FL 33126 ☐ Delete ☐ Change Addition NAME BORGES, ROLANDO NAME STREET ADDRESS STREET ADDRESS 301 SW 63 COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33144 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MARTINEZ, ALCIDES STREET ADDRESS 5113 SW 149 PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33185 TITLE Delete TITLE Change ☐ Addition NAME PLA, OSCAR NAME STREET ADDRESS 1030 W 37 ST STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP MIAMI FL 33012 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITI F ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 referrals required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICEFOR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEFOR DIRECTOR

Date

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