2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 06, 2001 08:00 AM N93000004561 DOCUMENT # 1. Entity Name **Secretary of State** FLORIDA NATIONAL COLLEGE STUDENT GOVERNMENT ASSOCIATIO Principal Place of Business Mailing Address 11373 W. FLAGLER ST. #207 11373 W. FLAGLER ST. #207 FL FL 33174 33174 2. Principal Place of Business 3. Mailing Address 4162 W 12 AVE 4162 W 12 AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For HIALEAH HIALEAH 65-0452124 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33012 33012 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROMERO GERALDINA VENDRELL CANDIDO Street Address (P.O. Box Number is Not Acceptable) 4206 W 12 AVE 4162 W 12 AVE HIALEAH FL33012 US City Zip Code HIALEAH 33012 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. 04/06/2001 GERALDINA ROMERO Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE D Delete TITLE D Change ☐ Addition NAME SANCHEZ. OMAR NAME SANCHEZ. OMAR STREET ADDRESS STREET ADDRESS 11373 W. FLAGLER ST. 4162 W 12 AVE CITY-ST-ZIP CITY-ST-ZIP HIALEAH MIAMI 33174 FT. 33012 TITLE ☐ Delete TITLE X Change ☐ Addition NAME ALFONSO JORGE NAME ALFONSO JORGE STREET ADDRESS STREET ADDRESS 6840 S.W. 40TH ST. 4162 W 12 AVE CITY-ST-ZIP MIAMI FL. 33155 CITY-ST-ZIP HIALEAH FL. 33012 TITLE Delete TITLE X Change ☐ Addition NAME ROMERO VENDRELL CANDIDO NAME GERALDINA STREET ADDRESS STREET ADDRESS 4206 W 12 AVE 4162 W 12 AVE CITY-ST-ZIP HIALEAH CITY-ST-ZIP FL. 33012 HIALEAH FT. 33012 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 TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Geraldina Romero

Romero

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04/06/2001

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CR2E037 (11/00)