2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # N9300004661 1. Entity Name COORDINADORA INTERNACIONAL DE EX-PRISIONEROS POL 03-15-2000 90055 043 ****61.25 Principal Place of Business Mailing Address 807 S.W. 25 AVE. 807 S.W. 25 AVE. SHITE 209 SUITE 208 MIAMI FL 33135 MIAMI. FL 33135-4866 3. Mailing Address 2. Principal Place of Business 139.75 SW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State. City & State Applied For 4. FEI Number 65-0444139 Not Applicable MIAMI Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 331.84 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARRERA Street Address (P.O. Box Number is Not Acceptable) PATINO, FRANCISCO 1720 S.W. 32ND COURT MIAMI FL 33135 33184 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 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS, 10. ☐ Addition ☐ Delete TIT(F TITLE RODRIGUEZ, REYMALDO (NAME CORRECTION ONLY) NAME RODRIGUEZ, REYNOLDS NAME STREET ADDRESS STREET ADDRESS 16900 CHATSWORTH ST., #203 CITY-ST-ZIP CITY-ST-ZIP GRANADA HILLS CA 91344 ☐ Addition DS ☐ Delete TITLE CARRERA, EDDY ST. NAME CARRERA, EDDY NAME STREET ADDRESS STREET ADDRESS 3186 BRANDON STREET CITY-ST-ZIP CITY-ST-ZIP PASADENA CA 91107 TITLE Delete TITLE Change ☐ Addition PATINO, FRANCISCO NAME NAME STREET ADDRESS STREET ADDRESS 1720 SW 32ND COURT CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33145** ☐ Addition DVP ☐ Delete TITLE FLORES, JULIO (NAME CORRECTION ONLY) NAME FLOREA, JULIO NAME STREET ADDRESS STREET ADDRESS 408 43RD STREET CITY-ST-ZIP CITY-ST-ZIP UNION CITY NJ 07087 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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-7IP