2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachm

SIGNATURE:

FILED DOCUMENT # N9500001221 May 19, 2000 8:00 am Secretary of State GRUPO DE APOYO A LA DISIDENCIA, INC. 05-19-2000 90083 037 ****70.00 Mailing Address Principal Place of Business 1000 PONCE DE LEON BLVD. 1000 PONCE DE LEON BLVD. SUITE 312 SHITE 312 CORAL GABLES FL 33134-3345 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0679401 Not Applicable Zip Country 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 Name Street Address (P.O. Box Number is Not Acceptable) HERNANDEZ-TRUJILLO, FRANK 1000 PONCE DE LEON BLVD. **SUITE 312** City Zip Code FL **CORAL GABLES FL 33134** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. TITLE Change Addition TITLE ☐ Delete NAME CRESPO, RAFAEL NAME STREET ADDRESS STREET ADDRESS 1000 PONCE DE LEON BLVD., SUITE 312 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Addition ☐ Change TITLE TITLE Delete NAME HERNANDEZ-TRUJILLO, FRANK NAME STREET ADDRESS STREET ADDRESS 1000 PONCE DE LEON BLVD., SUITE 312 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete ☐ Change Addition n TITLE TITLE NAME GARCIA, ANDRES NAME STREET ADDRESS STREET ADDRESS 1000 PONCE DE LEON BLVD., SUITE 312 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME TAMARGO, MANUEL STREET ADDRESS 1000 PONCE DE LEON BLVD., SUITE 312 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Addition ☐ Change TITLE Delete TITLE MARTINEZ, JUAN NAME NAME STREET ADDRESS STREET ADDRESS 1000 PONCE DE LEON BLVD., SUITE 312 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 TITLE Delete TITLE ☐ Change ☐ Addition NAME PENELA, FRANK NAME STREET ADDRESS STREET ADDRESS 1000 PONCE DE LEON BLVD., SUITE 312 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 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