2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all ether like empowered.

~ SIGNATURE BE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # N9900001499 Jan 22, 2000 8:00 am 1. Entity Name **Secretary of State** GRUPO DE APOYO A LAS COOPERATIVAS INDEPENDIENTES 01-22-2000 90067 037 ****70.00 Principal Place of Business Mailing Address 1000 PONCE DE LEON BLVD., STE. 312 1000 PONCE DE LEON BLVD., STE. 312 CORAL GABLES FL 33134 CORAL GABLES FL 33134-3345 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 091707 Applied For City & State .ORIDA Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ODPIGIEZ_ RODRIGUEZ, DIOSMEL 1000 PONCE DE LEON BLVD., STE. 312 CORAL GABLES FL 33134 City 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 inted name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FILE NOW:** Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition Delete TITI F Change TITLE NAME NAME HENRIQUEZ, HERNAN STREET ADDRESS STREET ADDRESS 1000 PONCE DE LEON BLVD., STE. 312 CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL 33134** Change ☐ Addition Delete TITLE TITLE NAMÉ NAME RODRIGUEZ, DIOSMEL STREET ADDRESS STREET ADDRESS 1000 PONCE DE LEON BLVD., STE. 312 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 Change Addition .Delete TITLE TITLE RODRIGUEZ DIDGENES NAME NAME PESTANO, BERNARDO STREET ADDRESS 1000 PONCE DE LEON BLVD., STE. 312 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI E ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAMÉ 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)(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

Davtime Phone #