2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 01, 2001 8:00 am DOCUMENT # P0000023090 **Secretary of State** 1. Entity Name MAIRENA STUCCO, INC. 03-01-2001 90041 009 ***150.00 Principal Place of Business Mailing Address 512 SW 72 TERR 512 SW 72 TERR 142100 N LAUDERDALE FL 33068 N LAUDERDALE FL 33068 2. Principal Place of Business 3. Mailing Address 512 SW72 TEN Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Not Applicable 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 MAIRENA, SANTIAGO Street Address (P.O. Box Number is Not Acceptable) 512 SW 72 TERR N LAUDERDALE FL 33068 Zip Code City 8. The above named entity submite this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) gent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE Delete TITLE Change ☐ Addition MAIRENA, SANTIAGO NAME NAME STREET ADDRESS 512 SW 72 TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP N LAUDERDALE FL 33068 Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

2/21/01

(954) 722-85 5 2 Dayline Phone #

☐ Change

Change

Addition

Addition