2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 28, 2002 8:00 am DOCUMENT # P00000023951 Secretary of State 1. Entity Name 04-28-2002 90782 046 ***150 00 SEAL PAIR, Corporation Principal Place of Business 8502 NW 66 Street 8502 NW 66 Stret Mlami, FL 33166 MIAMI, FL 33166 2. Principal Place of Business 3. Mailing Address SIME Same DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8,75 Additional Country 5. Certificate of Status Desired Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AUDISIO, JUAN F. 8502 NW 66 Street Street Address (P.O. Box Number is Not Acceptable) MHMI, FL 33166 Zip Code 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. REGISTERED AGELIT SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ■ Addition Change Prosident. ☐ Delete TITLE 1171 F Jun Francisco Addicio NAME NAME ESOR NW 66 Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE Vicepesident TITLE Magdalena Cludisio 8502 NW 66 Street NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE elietary NAME - --GUIMIT AUDISTO NAME 8502 NW 66 Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Mam, FL 33166 ■ Addition ☐ Change Treasurer Oriana Chulisio 8502 NW 66 Street □ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRMI, FL 33166 CITY-ST-ZIP Change Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section (19.07(3)ti), Florida Statutes. 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.

FILED

(305)513-0101