Addition

☐ Change

FILED

2001	UNIFORM	BUSINESS	REPORT	(UBR)

TITLE

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

Sep 21, 2001 8:00 am Secretary of State **DOCUMENT #** P00000028575 08-20-2001 90077 020 ***550.00 1. Entity Name WILSON AND BELLO INS.UND. INC. Principal Place of Business Mailing Address 78049 774 S.W. 1ST STREET 774 S.W. 1ST STREET MIAMI FL 33130 MIAMI FL 33130 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional П Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent LANTIGUA, YAZBEL C Street Address (P.O. Box Number is Not Acceptable) 3236 W. 77 PLACE HIALEAH FL 33018 City 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. SIGNATURE . (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition (5/01) LANTIGUA, YAZBEL C NAME NAME 3238 W. 77 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33018 CITY-ST-ZIP TITLE Oelete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ITTLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C(TY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SF-ZIP TITLE Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

TITLE

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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), Floride 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.

Defete