2001 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # P0000035795 1. Entity Name SOUTH GATE HOMES, INC. 05-02-2001 90040 006 ***150 00 Principal Place of Business Mailing Address 13200 S.W. 128TH STREET 13200 S.W. 128TH STREET SUITE E4 SUITE F-1 **U U U U U** MIAMI FL 33186 MIAMI FL 33186 3. Mailing Address 13343 S. W. 88th Aoc. 2. Principal Place of Business 13343 S.W. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0998070 niamo Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 33/76 3*3 176* USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARLADE, ALBERTO J Street Address (P.O. Box Number is Not Acceptable) 7050 S.W. 86TH AVENUE **MIAMI FL 33143** City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS 12. 11. PTD ☐ Addition ☐ Delete TITLE TITLE CRUZ, CARLOS D NAME NAME 13343 S.W. 88th Ave. STREET ADDRESS STREET ADDRESS 13200 S.W. 128TH STREET SUITE F-1 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 ☐ Addition SVD □ Delete TITLE NAME SALSAMENDI, FERNANDO JR NAME 13343 SW. 88th Ave. STREET ADDRESS 13200 S.W. 128TH STREET SUITE F-1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 Change -Délete TITLES NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition 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 supplied ental 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 of trustee empowered to receive 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 all address, with all original like empowered.

SIGNATURE:

Giln lela Ceur Carlos de la Cruz, Aesident 4-20-01 (305) 253-9835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date Devictor