## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P0000038854 NIYOL INVESTMENTS INC. 04-28-2001 90043 010 \*\*\*150.00 Principal Place of Business Mailing Address 2271 CORAL WAY 2271 CORAL WAY MIAMI FL 33145 MIAMI FL 33145 752191 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1034208 Not Applicable Zip Country Zip 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 MARADIAGA, YOVANNY Street Address (P.O. Box Number is Not Acceptable) 1890 SW 3RD ST., #2 MIAMI FL 33135 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition NAME NAME QUINTERO, GERARDO E STREET ADDRESS STREET ADDRESS 2271 CORAL WAY CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33145** TITLE ☐ Delete TITLE Change Addition D NAME MARADIAGA, YOVANNY NAME STREET ADDRESS STREET ADDRESS 2271 CORAL WAY CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition

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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CICNIATIDE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

GERARDO

0001500

☐ Delete

04/18/01

(305)8541044

☐ Addition

Daytimo Phone #

☐ Change