2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 07, 2001 8:00 am Secretary of State DOCUMENT # P0000048685 1. Entity Name TOTAL ENTERPRISES, INC. 04-07-2001 90017 009 ***158.75 Principal Place of Business Mailing Address 4930 WALLIS ROAD 4930 WALLIS ROAD WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 1014022 Not Applicable Zip Zip Country 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 SOTILLO, MAURICE Street Address (P.O. Box Number is Not Acceptable) 6605 SOUTH DIXIE HWY. WEST PALM BEACH FL 33405 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 12. CR2E034 (10/00 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME HERNANDEZ, ALFREDO NAME STREET ADDRESS STREET ADDRESS 4930 WALLIS ROAD CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33415 secretary 100 Treasurer Change TITLE Delete TITLE NAME NAME PICON, LILIAN S Rd STREET-ADDRESS STREET ADDRESS 4930 Wallis 4930 WALLIS ROAD -- -CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33415 TITLE Delete TITLE Ortean Lorenzo NAME NAME 98 CRESTHAVEN BLND #3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS ENE RD PAIM BEACH CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME

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 at n all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

NG OFFICER OR DIRECTOR