2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 16, 2001 8:00 am Secretary of State DOCUMENT # P0000051908 1. Entity Name LOS LAGOS, INC. 03-16-2001 90043 017 ***150.00 Principal Place of Business Mailing Address 2791 N.E. 56TH COURT 2791 N.E. 56TH COURT FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 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 65-1010276 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 Name MARTINEZ, MANUEL Street Address (P.O. Box Number is Not Acceptable) 2791 N.E. 56TH COURT FT. LAUDERDALE FL 33308 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) 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 12. PD TITLE TITLE Delete Change ☐ Addition NAME MARTINEZ, MANUEL NAME STREET ADDRESS STREET ADDRESS 2791 N.E. 56TH COURT CITY-ST-ZIP FT. LAUDERDALE FL 33308 CITY-ST-ZIP ☐ Detete TITLE ☐ Change Addition MOLINA, ROSENVEL NAME STREET ADDRESS 2791 N.E. 56TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308 TSD : Delete TITLE Change ☐ Addition NAME MOLINA, SANTOS R NAME STREET ADDRESS STREET ADDRESS 2791 N.E. 56TH COURT CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308 TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ 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 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.

President

3-15-2001

Davtime Phone #