| | | 000054761 | RT (UBR | FILED May 08, 2001 08:00 AM | |
|---|--|--|---------------------------------------|--|--------------|
| 1. Entity Nam | | J00034701 | | Secretary of State | |
| Principal Place 2875 NE 191 ST STE 603 AVENTURA 33180 | | Mailing Address 2875 NE 191 ST STREET STE 603 AVENTURA 33180 | FL | | |
| | lace of Business | 3. Mailing Address | | · | |
| 5203 NW 33 AV | | 5203 NW 33 AV | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | |
| City & State FT. LAUDERD | | City & State FT. LAUDERDALE | FL | 4. FEI Number Applied For 65-1014851 Not Applicable | |
| Zip 33309 | Country | Zip 33309 | Country | 5. Certificate of Status Desired X \$8.75 Additional Fee Required | |
| | 6. Name and Address of Co | urrent Registered Agent | | 7. Name and Address of New Registered Agent | |
| VILLEGA JUAN F 2875 NE 191 ST STREET STE 603 AVENTURA FL | | | Name VILLEGAS Street Add 5203 NW 3 | AS JUAN F idress (P.O. Box Number is Not Acceptable) | |
| 33180 | | | City FT. LAUDI | 00007 | |
| SIGNATURE _ | JUAN F. VILLEG Signature, typed or printed name of registers | AS · | egistered office or re | registered agent, or both, in the State of Florida. - 05/08/2001 re required when reinstating) | |
| Tax filing re | ration is eligible to satisfy its Inta equirement and elects to do so. ia on back) | Angible FILE NOW!! After MAY 1, 200 Make Check Payabl | | 50.00 Struct Fund Contribution \$5.00 May Be | |
| 11. | · · · · · · · · · · · · · · · · · · · | S AND DIRECTORS | 12. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | _ |
| TITLE NAME STREET ADDRESS | D VILLEGAS JUAN 2875 NE 191 ST STREET | Delete F | NAME | D | E034 (11/00) |
| CITY-ST-ZIP | AVENTURA | FL 33180 | | FT. LAUDERDALE FL 33309 | =034 |
| TITLE NAME STREET ADDRESS | PTSV VILLEGAS JUAN 2875 NE 191 ST STREET | ☐ Delete , | NAME | · · · · · · · · · · · · · · · · · · · | CR2 |
| CITY-ST-ZIP | AVENTURA | FL 33180 | CITY-ST-ZIP | FT. LAUDERDALE FL 33309 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-SY-ZIP | ☐ Change ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition | |
| of the cor | oration or the receiver or truste | PODIT IS TRUE AND ACCURATE AND THAT M | u eimaatiira ehall hau | ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information ave the same legal effect as if made under oath; that I am an officer or director oter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if | |
| SIGNAT | UIL | JAN F. VILLEGAS ED OR PRINTED NAME OF SIGNING OFFICER O | R DIRECTOR | PTSV 05/08/2001 Date Daytime Phone # | |