2001 UNIFORM BUSINESS REPORT (UBR) FILED May 10, 2001 8:00 am DOCUMENT # P000000 71669 Secretary of State SILDA ENTERPRISES, INC. 05-10-2001 90174 026 ***150.00 Mailing Address Principal Place of Business 1560 NW 15 ST. RD. #4 1560 N.W. 15 ST. RD #4 MIAMI-FL. 33125 MIAMI-FL. 33125 A0064226 Principal Place of Business 3. Mailing Adoress 5900 SW 112 COURT 5900 SW 112 COURT Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 65 - 1026992 Applied For City & State City & State FLORIDA FLORIDA MIAMI-Not Applicable MIAMI-Country Country \$8,75 Additional 5. Certificate of Status Desired 33173 USA 33173 U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JULIO C. RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable) 5900 SW 112 CT. MIAMI-FL. 33173 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so 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 11. OFFICERS AND DIRECTORS 12. **C**hange D Julio C Rodríguez Addition ☐ Delete TITLE TITLE JULIO C RODRIGUEZ NAME NAME 5900 S.W. 112 CT. 1560 N.W. 15 ST. RD #4 STREET ADDRESS STREET ADDRESS MIAMI-FL. 33173 CITY-ST-ZIP <u> MIAMI-FL.</u> 33125 CITY-ST-ZIP X Change Addition ☐ Delete TITLE SILDA E RODRIGUEZ SILDA E . RODRIGUEZ NAME 5900 S.W. 112 CT. 1560 N.W. 15 ST. RD. #4 STREET ADDRESS STREET ADDRESS CITY-ST-7/P MIAMI-FL. 33173 CITY-ST-ZIP MIAMI-FL. 33125 ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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.

SIGNATURE:

JULIO C. RODRIGUEZ DIRECTOR

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/

(305) 598-7648

Daytime Phone #