2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P00000071965 Apr 23, 2001 8:00 am Secretary of State L. FERNANDEZ CONSULTING, INC. 04-23-2001 90001 039 ***150.00 Principal Place of Business Mailing Address 16152 SOUTHWEST 73RD PLACE 16152 SOUTHWEST 73RD PLACE MIAMI FL 33157 MIAMI FL 33157 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1027426 Not Applicable 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 FERNANDEZ OPENZO SPIEGEL & UTRERÁ, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERÎAÇÂVENUE CORAL GABLES FL 33134 0152 SW 73 ant for the pyrpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this state, RESIDENT SIGNATURE Signature, h 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. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition Change TITLE TITLE ☐ Delete FERNANDEZ, LORENZO A NAME NAME 16152 SOUTHWEST 73RD PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33157** CITY-ST-ZIP VSTD ☐ Change ☐ Addition ☐ Delete TITLE TITLE FERNANDEZ, TINA M NAME NAME 16152 SOUTHWEST 73RD PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAM! FL 33157** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET, ADDRESS STREET, ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. If 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 employered 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.

AND LOPENZO TERNANDEZ 4/10/01 305-256-0046

ATTENDADA PROCESOR OF SIGNING OFFICER OR DIRECTOR

Date

D