

P00000073066

May 9th, 2001

Division of Corporations
P.O. BOX 6327
Tallahassee, Fla 32314

000004220910--E

Subject: **Change of name**

To Whom It May Concern:

This letter serves the purpose of a change of name on an officer of the corporation.

Corporate name: KURB ENTERPRISES
Address: 10035 S.W. 165 Ct. Miami, Fla 33196
Phone: 305-382-2839
Current Officers: Roberto Batlle and Blanca Hernandez

Attached find copy of my marriage certificate, the name of Blanca Hernandez has been changed to Blanca Batlle, please make a note of it and change it in the corporation papers.

I will need some kind of confirmation of this change so that the bank will allow me to change the name as well on the business checking account.

If you need to contact me for further information please do so at:

Wk ph: 305-591-9800 X4107 FAX: 305-593-2393
Hm ph: 305-382-2839 FAX: 305-752-2268

Sincerely,

Blanca Batlle

Blanca Batlle
f.k.a. Blanca Hernandez

*updated 5/16/2001
LH*

Department of Health • Vital Statistics

STATE OF FLORIDA MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK

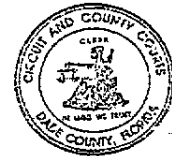
This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

STATE OF FLORIDA, COUNTY OF DADE (STATE FILE NUMBER)

THIS IS TO CERTIFY THAT THE FOREGOING IS A
TRUE AND CORRECT COPY OF THE DOCUMENT
ON FILE OR OF PUBLIC RECORD IN THIS OFFICE.
WITNESS MY HAND AND OFFICIAL SEAL

THIS 1 DAY OF Nov, 2000
HARVEY RUVIN, CLERK OF CIRCUIT COURT

BY [Signature] D.C.



2000-019930
APPLICATION NUMBER

BK/PG: 400/984

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) ROBERTO RAFAEL BATLLE			2. DATE OF BIRTH (Month, Day, Year) OCT 23, 1957		
3a. RESIDENCE - CITY, TOWN, OR LOCATION MIAMI		3b. COUNTY DADE	3c. STATE FLORIDA		4. BIRTHPLACE (State or Foreign Country) CUBA
5a. BRIDE'S NAME (First, Middle, Last) BLANCA NMN HERNANDEZ			5b. MAIDEN SURNAME (if different)		
7a. RESIDENCE - CITY, TOWN, OR LOCATION MIAMI		7b. COUNTY DADE	7c. STATE FLORIDA		8. BIRTHPLACE (State or Foreign Country) CUBA

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED
ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE
NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <u>[Signature]</u>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) OCT 25, 2000
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) <u>[Signature]</u>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <u>[Signature]</u>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) OCT 25, 2000
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) <u>[Signature]</u> 3878

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM
A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST
BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE MIAMI-DADE	18. DATE LICENSE ISSUED OCT 25, 2000	18a. DATE LICENSE EFFECTIVE OCT 28, 2000	19. EXPIRATION DATE DEC 23, 2000
20a. SIGNATURE OF COURT CLERK OR JUDGE HARVEY RUVIN, CLERK		20b. TITLE BY D.C.:	20c. BY D.C. <u>[Signature]</u> L.C.

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) 11/1/00	22. CITY, TOWN, OR LOCATION OF MARRIAGE CORAL GABLES		
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <u>[Signature]</u>		23c. ADDRESS (Of person performing ceremony) 3100 FRANCIS DE LEON BLVD	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) P JAMES DEPUTY CLERK		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <u>[Signature]</u>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <u>[Signature]</u>	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

GROOM	26. SOCIAL SECURITY NUMBER 584-66-1194	27. RACE WHITE	28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS YES TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c	29a. NO. OF THIS MARRIAGE 03	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE	29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) DEC 27, 1994
	30. SOCIAL SECURITY NUMBER 252-19-3736	31. RACE WHITE	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS YES TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, and 33c	33a. NO. OF THIS MARRIAGE 02	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE	33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) DEC 20, 1988