2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # P00000077528 REVUELTA INVESTMENTS, INC. 01-31-2001 90012 015 ***150.00 Principal Place of Business Mailing Address 7801 N.W. 7TH AVENUE 7801 N.W. 7TH AVENUE MIAMI FL 33150 MIAMI FL 33150 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. FEl Number Applied For 65-103284 Not Applicable 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 REVUELTA, JULIAN JR. Street Address (P.O. Box Number is Not Acceptable) 7801 N.W. 7TH AVENUE **MIAMI FL 33150** Zip Code FL 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change TITLE Delete TITLE Addition REVUELTA, JULIAN JR. NAME NAME 7801 N.W. 7TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP MIAMI FL 33150 ☐ Delete Change TITLE TITLE ☐ Addition REVUELTA, MARY NAME NAME STREET ADDRESS STREET ADDRESS 7801 N.W. 7TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33150 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME

.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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS