FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 NOV 26 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000088432

1. Entity Name
CORP.

REINSTATEMENT 01-03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3550 NW 113 CT
Suite, Apt. #, etc.
City & State: MIAMI, FL
Zip: 33178
Country: US

3. Mailing Address
3550 NW 113 CT
Suite, Apt. #, etc.
City & State: MIAMI, FL
Zip: 33178
Country: US

4. FEI Number 65-1040723 — Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

7. **Name and Address of Current Registered Agent**

Name: JOSE LUIS GARCIA

Street Address (P.O. Box Number is Not Acceptable): 3550 NW 113 CT

City: MIAMI FL Zip Code: 33178

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(P/D) JOSE LUIS GARCIA 3550 NW 113 CT MIAMI, FL 33178
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12. 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 10 or an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR