FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 APR 30 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000096074

1. Entity Name

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7520 NW 77 TERRACE
Suite, Apt #, etc.
City & State: Medley FL
Zip: 33166
Country

3. Mailing Address
7520 NW 77 TERRACE
Suite, Apt #, etc
City & State: Medley FL
Zip: 33166
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Jorge E Lastres
Street Address (P.O. Box Number is Not Acceptable)
7520 NW 77 TERRACE
City: Miami FL FL 33166

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] 4/22/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required ...) Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1-May 1 Fee is $150.00
After May 1, Fee is $550.00
(w/ Amended UBR is $...)
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	
NAME	JORGE E LASTRES	NAME	
STREET ADDRESS	7520 NW 77 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MEDLEY, FL 33166	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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****300.00 ****300.00

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-22-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR