FILED

Daytime Phone #

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jul 04, 2002 8:00 am Secrétary of State P01000075007 DOCUMENT # 05-29-2002 90721 021 \*\*\*150.00 1. Entity Name EL PINAR FAMILY, INC. Principal Place of Business Mailing Address 37758 801 SOUTH ROYAL POINCIANA BLVD #304 801 SOUTH ROYAL POINCIANA BLVD #304 MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOLINA Street Address (P.O. Box Number is Not Acceptable) 1335 44.49 PLACE HIALE## FL 33012 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent for both, if the State of Florida. SIGNATURE Signature, typed or print 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/07 PD TITLE ☐ Delete TITLE Change Addition MOLINA, LUCY NAME NAME STREET ADDRESS 1335 W 49 PLACE STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Addition TITLE TITLE NAME NUNEZ, ESTHER NAME 801 SOUTH ROYAL POINCIANA BLVD #304 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS FL 33166 CITY-ST-ZIP \nle ☐ Delete TITLE NÂME NAME varela, Netty STREET ADDRESS STREET ADDRESS 4120 NW 79 AVE APT 20 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST- ZP CITY-ST-ZIP TITLE ☐ Delete TITL F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.