FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 02, 2000 8:00 am **DOCUMENT # P19757** Secretary of State 1. Entity Name PUEBLO INTERNATIONAL, INC. 03-02-2000 90141 001 ***158.75 03-02-2000 90141 002 *****8.75 Mailing Address Principal Place of Business 1300 NW 22ND ST. 1300 NW 22ND ST. 10166 ATTN: TAX DEPT. ATTN: TAX DEPT. POMPANO BEACH FL 33069-1426 POMPANO BEACH FL 33069 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 66-0213117 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LIZARDI, JOSEPH M Street Address (P.O. Box Number is Not Acceptable) 1300 NW 22ND ST POMPANO BCH FL 33069 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2000 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 12 ☐ Change Addition **PCEO** ☐ Delete TITLE TITLE KEON, WILLIAM T. III NAME NAME STREET ADDRESS STREET ADDRESS 1300 NW 22ND ST CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL ☐ Addition Change Delete TITLE TITLE NAME NAME O'LEARY, DANIEL J STREET ADDRESS STREET ADDRESS 1300 N.W. 22ND ST. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 Addition ☐ Delete TITLE NAME BONILLA, FERNANDO J NAME STREET ADDRESS STREET ADDRESS 1300 NW 22ND STREET CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete ☐ Change TITLE TITLE 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2/23/00 954-977-2500

Change

☐ Addition