2000 UNIFORM BUSINESS REPORT (UBR)

May 15, 2000 8:00 am Secretary of State DOCUMENT # P9200006610 LIDO INVESTMENTS, INC. 04-07-2000 90089 004 ***150.00 Principal Place of Business Mailing Address 2205.NW 70TH AVE. 2205 NW 70TH AVE. MIAMI FL 33122 MIAMI FL 33122-1815 --2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0372931 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CASADO, LILO SINGER, SEYMOUR N Street Address (P.O. Box Number is Not Acceptable) 2205 N.W. 7oth AVE. 25 SE 2ND AVE. **SUITE 730 MIAMI FL 33131** Zip Code 33122 City MIAMI 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 Lilo Casado(President) 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 Inlangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/99) Change: ____ 'Addition TITLE Delete CASADO, LILO NAME NAME STREET ADDRESS STREET ADDRESS 2205 NW 70TH AVE. CITY-ST-78 CITY-ST-ZIP MIAMI FL 33122 ☐ Change ☐ Addition Delete FITLE UTLE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME MANAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7/9 Delete Change Addition TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE MANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS 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 time empowered.

SIGNATURE: SEGNATURE AND TYPED DR PR

13/00

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