2000 UNIFORM BUSINESS REPORT (UBR)

Apr 13, 2000 8:00 am Secretary of State DOCUMENT # **P93000019437** M.S. INTERNATIONAL OF MIAMI, CO. 04-13-2000 90095 038 ***158.75 Principal Place of Business Mailing Address 9738 S.W. 138 AVENUE 9738 S.W. 138 AVENUE MIAMI FL 33186-7330 MIAMI FL 33186 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number City & State Applied For City & State 65-0394454 Not Applicable 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 SALAZAR, MARIA E Street Address (P.O. Box Number is Not Acceptable) 9738 S.W. 138 AVENUE MIAMI FL 33186 Zip Code FL 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 4 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. PRESIDENT, TREASURER MARIA E SALAZAR Addition ☐ Delete TITLE TITLE SALAZAR, MARIA E NAME STREET ADDRESS 9738 SW 138 AUE MIAMI: FL 33144 STREET ADDRESS 9738 S.W. 138 AVENUE MIAMI', FL 33144 VICE PRESIDENT, SECRETARY CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33144 Addition ☐ Delete TITLE TITLE ISMAIL, JOHAN W JOHAN W. ISMAIL NAME NAME STREET ADDRESS 9738 SW 138 AVE. 9738 S.W. 138 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33144** MIAMI, FL 33144 ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Defete 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.

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