2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR

FILED DOCUMENT # P93000023971 May 22, 2000 8:00 am Secretary of State AMERICASKY CORPORATION 05-22-2000 90013 040 ***158.75 Mailing Address Principal Place of Business 4045 N.W. 97TH AVE. 4045 N.W. 97TH AVE. MIAMI FL 33178 **MIAMI FL 33178** US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-9406186 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name INTRASTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE SUITE 3000 MIAMI FL 33131 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition DCOB ☐ Delete TITLE Ureta, Felipe 4045 NW 97th Avenue URETA, FELIPE NAME STREET ADDRÉSS 4045 N.W. 97TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** Addition ☐ Change ☐ Delete TITLE TITLE BURCHARDT, KONRAD NAME STREET ADDRESS 4045 N.W. 97TH AVE. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33178 Change - Addition TITLE TITLE Delete VARGAS, ALEJANDRO NAME NAME STREET ADDRESS 4045 N.W. 97TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** Change Addition TITLE **PCEO** ☐ Delete ASECIO, JORGE NAME NAME STREET ADDRESS 4045 N.W. 97TH AVE. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33178** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of 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 whicall other like empowered.