## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Mar 14, 2001 8:00 am Secretary of State DOCUMENT# P93000024069 2230 HOLDING CORP. 03-14-2001 90454 001 \*\*\*\*\*8.75 03-14-2001 90454 002 \*\*\*150.00 Mailing Address Principal Place of Business 4759 PALM AVE 2201 NW 30 ST #117 MIAMI FL 33012 0 1 4 U O HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 65-0398594 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\boxtimes$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BENITEZ, MARIO M Street Address (P.O. Box Number is Not Acceptable) 6341 HITCHINSON ROAD MIAMI LAKES FL 33014 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. MARIO MENA ad or printed name of registered agent and title if applicable. SIGNATUR (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, 2001 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 11. OFFICERS AND DIRECTORS 12 ☐ Addition TITLE Change TITLE □ Delete BENITEZ, MARIO M NAME NAME STREET ADDRESS 6341 HUTCHINSON ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THILE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Change ☐ Delete 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

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MARÍO MENA

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE'

changed, or on an attachment with an address, with all other like empowered.