2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P93000031307** Jan 13, 2000 8:00 am Secretary of State CUSTOM COPY AND PRINTING, INC. 01-13-2000 90007 009 ***150.00 Principal Place of Business Mailing Address 2272 NW 87 AVE 2272 NW 87 AVE MIAMI FL 33172-2414 MIAMI FL 33172 DODOTHOR 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0405468 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired ree Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name QUADRENY, JORGE A Street Address (P.O. Box Number is Not Acceptable) 13243 SW 87 TERR **MIAMI FL 33183** 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE QUADRENY, JORGE A NAME NAME STREET ADDRESS 13243 SW 87 TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete* TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE 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 ☐ 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 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.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SENTING OFFICER OR DIRECTOR

Oate

Oate

305-470-2229

Daytime Phone #