2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

FILED DOCUMENT # P93000044466 Apr 24, 2000 8:00 am Secretary of State CB FINANCIAL GROUP, INC. 04-24-2000 90298 024 ***150.00 Principal Place of Business Mailing Address 5055 N.W. 165 STREET 5055 N.W. 165 STREET MIAMI FL 33014 MIAMI FL 33014-6330 HS 644756 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0417518 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CABUS, ALBEIRA Street Address (P.O. Box Number is Not Acceptable) 5055 N.W. 165 STREET MIAMI FL 33014 City 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 (NOTE: Registered Agent signature required when reinstating) DATE 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 **\$5.00** May Be 10. Election Campaign Financing 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition ☐ Change Delete TITLE NAME NAME CABUS, ALBEIRA STREET ADDRESS STREET ADDRESS 5055 N.W. 165 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33014 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME CABUS, LUCIANA STREET ADDRESS STREET ADDRESS 5055 N.W. 165 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33014 ☐ Delete ☐ Change Addition TITLE NAME CABUS, ADEMAR NAME STREET ADDRESS STREET ADDRESS 5055 N.W. 165 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33014 Delete TITLE Change Addition TITLE CABUS, VALDIR NAME NAME STREET ADDRESS STREET ADDRESS 5055 N.W. 165 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33014 ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ 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

ALDIR CABUS

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