2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 07, 2001 8:00 am Secretary of State DOCUMENT # P93000047313 Éntity Name TINTER, INCORPORATED 04-07-2001 90024 009 ***158.75 Principal Place of Business Mailing Address 2476 SW 137 AVE 2476 SW 137 AVE 100444 MIAMI FL 33175 MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0421651 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Francisco Hmagven LAU, RAQUEL Street Address (P.O. Box Number is Not Adceptable) 1335 SW 87TH AVE **MIAMI FL 33174** Zig 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. trancisco Almaquen 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 OFFICERS AND DIRECTORS 11. President ☐ Addition Delete TITLE Almaquer TITLE Francisco LAU, RAQUEL NAME NAME 13215 SW 35 Teri 1335 S.W. 87TH AVE. STREET ADDRESS STREET ADDRESS miami, Fla. 33174 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33174 Daniel Almoquen V- Presided Ochange TITLE Delete TITLE LEMUS, HOWARD NAME NAME miami, F19 33174 STREET ADDRESS 1335 SW 87TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33174 Secretoru ☐ Addition Delete TITLE 🔀 Change vivian Almaquen LEMUS, ROYD NAME NAME 13215 SW 35 TEN 1335 SW 87TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33174** CITY-ST-7IP miami Fla 33:75 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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.

Francisco Hmaquer