2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P93000055316 Mar 22, 2000 8:00 am Secretary of State COMET REALTY, INC. 03-22-2000 90010 024 ***150.00 Principal Place of Business Mailing Address 921 SW 27TH AVE., #1-C 921 SW 27TH AVE., #1-C MIAMI FL 33135-4646 MIAMI FL 33135 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0431556 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARCIA, JORGE 1 Street Address (P.O. Box Number is Not Acceptable) 2958 NW 14 STREET Deek **MIAM! FL 33125** Zip Code 3 3 146 CityMIAmi PRINGS 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 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 11. PO Change 1 ☐ Addition TITLE ☐ Delete GARCIA, JURGE GARCIA, JORGE NAME NAME 10 DEER RUN STREET ADDRESS 2958 NW 14TH ST. STREET ADDRESS MIAMI, SpRINGS, FL 33166 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition Change ☐ Delete TITLE 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-ZIF CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-718 Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE:

CITY-ST-ZIP

3-17, 2000