## FOR PROFIT CORPORATION

## **FILED** May 02, 2002 8:00 am Secretary of State 05-02-2002 90102 043 \*\*\*158.75 **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000014760	
1. Entity Name	
LO MEJOR EN EQUIPOS DE MIAMI, -	enc

· · · · · · · · · · · · · · · · · · ·									
Đ	O NOT WRITE	IN THIS SI	PAC	E					
2. Principal Place	Principal Place of Business 3. Mailing Address 1800 S.W. 1st STREET 1800 S.W. 1st STREET								
(Suite) Apt. #, etc. 308			<u>, , , , , , , , , , , , , , , , , , , </u>		DO NOT WRITE IN THIS SPACE				
City & State		City & State MIAMI. FL			4.	FEI Number	469818	Applied F	
33135 USA		33135 Country A		5.	Certificate of Status Desir	ed 😿 \$	8.75 Additional se Required		
	<u> </u>				7. N	ame and Address of Cur	теnt Registered /	gent	
1 . V.	DO NOT WI	PITE	<del>-</del>	Name		RNANDO NIETO			
				Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE			Ţ		5017	TE 308			
		r		City	MI	AMI,	FL	Zip Code33/	35
8. The above nar	med entity submits this statement for	the purpose of changing its	registered	d office or reg	gistered ag	gent, or both, in the State of	of Florida.		
SIGNATURE	18 LLAN WK	35 d title if applicable. (NOTI	:: Registered	Agent signature re	equired when re	reinstating)	DATE		_
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  January 1 - May After May 1, Amended 1, Make Check Payable			1, Fee is 1 UBR is	\$550.00 \$61.25		10. Election Campaig Trust Fund Contrib		\$5.00 May Added to Fee	
11.	OFFICERS AND D		7171.6						
NAME F	ERNANDO NIET	70	TITLE NAME	·					
VAME FERNANDO NIETO STREET ADDRESS 1800 S.W. ISE, SUITE 308				ADDRESS					
CITY-ST-ZIP /	MIAMI, FL 331.	35	CITY-S	1-ZIP	`				
IAME			NAME						
STREET ADDRESS				ADDRESS					Ì
CITY-ST-ZIP			CITY-S	1-211	<del></del>				
IAME			NAME			- American			1
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS		DO NO	T WRIT	<b>'</b> F	***
TTLE			TITLE	1-21	··· ··, ,,,,				
IAME			NAME			IN THIS	SPAC	E	- 1
TREET ADDRESS			STREET CITY-S	ADDRESS					
ITLE		· · · · · · · · ·	TITLE						
IAME			NAME	1			34		- 1
STREET ADDRESS CITY - ST - ZIP			STREET CITY-S	ADDRESS 1-7IP					
TITLE			TITLE						
IAME STREET ADDRESS			NAME	***************************************					
TURE L'ADDUCEOU I			■ StREET	ADDRESS					

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

2001 UNIFORM BUSINE REPORT (UBR) ATTACHMENT WH4356 DOCUMENT # P94000014760 1. Entity Name LO MEJOR EN EQUIPOS DE MIAMI, INC. Principal Place of Business Mailing Agdress 1800 SXV. 1 STREET 256 NW 42 AVE SUITE #308 MIAMY FL 33126 HIALEAH PL 33012 pal Place of Business Street Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0469818 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired - Fee Required\*-5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARRA, VIOLET 1800 SW 1STREET SUITE #308 #-217=-HIALEAH FL 33012 City 8. The above named entity submits this statement in the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible Tax filing requirement and ejects to do so. 10. Election Campaign Financing \$5.00 May Be (See criterial,on back) Trust Fund Contribution. Added to Fees **OFFICERS** AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PVST. Delete TITLE PARRA, VIOLET ☐ Change Fernando Nieto NAME STREET ADORESS 1800 SW VISTREET SUITE #308 1800 SW 15+, Sude 308 STREET ADDRESS CITY-ST-ZIP MIAMI FL <del>83135</del> CITY-SI-ZIP MIGHT 33135 Delete TITLE ☐ Change M Addition Parra, violét NAME STREET APPORESS 1800 SW JSTREET SUITE #308 STREET ADDRESS CITY-ST-ZIP MIAMI FK 33135 CITY-ST-ZIP ......Delete TiTi F ☐ Change - - ☐iAddition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS JITY - ST - 718 CITY-ST-ZIP Delete TITLE Addition Change NAME TREET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP Delete MICE Change Addition

3. 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

CITY - ST- ZIP

STREET ADDRESS

NAME

11.

TITLE

TITLE

NAME

JULE

NAME

MAME

ITLE

IAME

ille

AME

TREET ADDRESS

11Y-S1-21P