2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 21, 2000 8:00 am DOCUMENT # **P94000021431** Secretary of State CARLOS A. PAZOS, P.A. 02-21-2000 90008 042 ***150.00 Principal Place of Business Mailing Address 3028 SAMARA DRIVE 3028 SAMARA DRIVE TAMPA FL 33624-2528 TAMBA FL 33618 2. Principal Place of Business 3. Mailing Address 2701 N. Himas Are. 2701 N. Himes Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Suite City & State Applied For City & State 4. FEI Number 59-3231788 Not Applicable AMPA <u>AMPA</u> Country \$8.75 Additional 5. Certificate of Status Desired us4 37607 601S uS Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name PAZOS, CARLOS A Street Address (P.O. Box Number is Not Acceptable) SAMARA DRIVE TAMPA FL 33618-4306 ourpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement for the SIGNATURE (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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) ☐ Delete TITLE PAZOS, CARLOS A 13615 DIAMOND HEAD DRIVE NAME 3028 SAMARA DRIVE STREET ADDRESS STREET ADDRESS TAMPA, FLA 336ZY CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33618 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE 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

SIGNATURE:

SIGNATURE AND TYPED OR DEINTED NAME OF

SIGNING OFFICER OR DIRECT