2001 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P94000062130 1. Entity Name VIRGEN MARIA CORP. 04-26-2001 90119 048 ***150.00 Principal Place of Business Mailing Address 12505 NW 23rd Ave 12505 NW 23rd Ave Fl. 33167 Miami, Miami, Fl. 33167 C0053103 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 65-0528347 Not Applicable Zip Country Zip 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 - - - ~ Name **VICENTE** RHERNANDEZ 12505 NW 23rd Ave Street Address (P.O. Box Number is Not Acceptable) Miami, Fl. 33167 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, 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, 2001 Fee will be \$550,00 Trust Fund Contribution. \Box Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change ☐ Addition HERNANDEZ VICENTE NAME NAME STREET ADDRESS STREET ADDRESS 12505 NW 23rd Ave CITY-ST-ZIP CITY-ST-ZIP Miami, Fl. 33167 VSD ☐ Delete TITLE ☐ Change Addition NAME NAME HERNANDEZ DELFIDA STREET ADDRESS STREET ADDRESS 12505 NW 23rd AVE CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE -----NAME NAME HERNANDEZ VICENTE P. STREET ADDRESS STREET ADDRESS 12505 NW 23rd Ave CITY-ST-ZIP CITY-ST-ZIP Miami, Fl. 33167 Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Vicante Handson Signing Officer or Diffector

4.11.200

(305) 681-7174

Daytime Phone #