2000 UNIFORM BUSINESS REPORT (UBR) P94000064692 DOCUMENT # 1. Entity Name SECRETARY OF STATE JURADO EnterPRISES, Inc 00 NOV -6 PM 3:21 Principal Place of Business Mailing Address 36362 US Huy 19N P. Q. Box 500 Palm Harbor, 74 Palm Harbor, 71 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3945183 Not Applicable Country \$8,75 Additional Zio Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent P.O. BOX 1237 Palm Harbor, 76 34682 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 (ed agent and title if applicable (NOTE: Registered Agent signature required when reinsta FILE NOW!!! FEE IS \$150.00 9.- This corporation is eligible to satisfy its Intangible \$5.00-May Be 10.-Election Campaign Financing ---After MAY 1, 2000 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 12. 11. Delete Danny Aernandez 131 31 carrollwood Creck DR TITLE NAME NAME STREET ADDRESS STREET ADDRESS Tampa, 71 33424 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE Kathryn Turado ternandez NAME NAME 13131 Carrollwood Creek De STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Kathayn Jurado Hernandez NAME 13131 Carrollwood Creek De STREET ADDRESS STREET ADDRESS *****55.00 *****65.00 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sure: The Eunice Sci

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727-986-6292

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