FILED 🚚 2002 UNIFORM BUSINESS REPORT (UBR) May 14, 2002 8:00 am Secretary of State P94000075430 DOCUMENT # 1. Entity Name 05-14-2002 90279 008 ***150.00 COUNTRY MALL PLAZA CORP. Principal Place of Business Mailing Address 2460 SW 137TH AVE SUITE 238 2460 SW 137TH AVE SUITE 238 MIAMI FL 33175 MIAMI FL 33175 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 65-0573336 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name A & ¢ REGOSTERED AGENT INC Street Address (P.O. Box Number is Not Acceptable) 2450 SW 137 AVE STE 220 22/ MIAMI FL 33175 Zip Code 8. The above named entity s purpose of changing its registered office or registered agent, or both, in the state of Florida tatement for the SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **DPTS** TITLE Delete TITLE ☐ Addition ☐ Change NAME OCHOA, CARMEN L NAME STREET ADDRESS 2460 SW 137 AVE, STE 238 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME adrian, alvaro l NAME STREET ADDRESS 2460 SW 137TH AVE SUITE 238 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP TITLE ☐ Delete 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 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 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 propowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

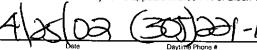
CITY-ST-ZIP

TITLE

NAME

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete



☐ Change

☐ Addition