2000 UNIFORM BUSINESS REPORT (UBR)

May 09, 2000 8:00 am Secretary of State DOCUMENT # P95000005294 MANZOLILLO INVESTMENTS, INC. 05-09-2000 90118 008 ***150.00 Mailing Address Principal Place of Business 9780 NW 29TH STREET 9780 NW 29TH STREET MIAMI FL 33172-1071 MIAMI FL 33172 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0555376 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7._Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MANZOLILLO, ALEXANDRA Street Address (P.O. Box Number is Not Acceptable) 9780 N.W. 29TH ST. **MIAMI FL 33172** Zip Code City 8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition TITLE TITLE ROEBER, DETLEF A NAME NAME STREET ADORESS STREET ADDRESS 9780 NW 29TH ST CITY-ST-7IP CITY-ST-ZIP MIAMI FL Change ☐ Addition **PSTD** TITLE Delete TITLE NAME MANZOLILLO, ALEXANDRA NAME STREET ADDRESS 9780 N.W. 29TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change Addition Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR. 26. 2000

305-593-6132

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