2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000014867 May 08, 2000 8:00 am 1. Entity Name Secretary of State VENDRYES ENTERPRISES, INC. 05-08-2000 90095 032 ***150.00 Mailing Address Principal Place of Business 17643 NW 27TH AVENUE 17643 NW 27TH AVENUE OPA LOCKA FL 33056-4007 OPA LOCKA FL 33056-4007 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0557579 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VENDRYES, ANDREW Street Address (P.O. Box Number is Not Acceptable) 19212 NW 23RD COURT MIAMI FL 33056 City Zip Code FL 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 . (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 10. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$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 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) Change Addition **PSTD** ☐ Delete TITLE VENDRYES, ANDREW NAME STREET ADDRESS STREET ADDRESS 19212 N.W. 23RD COURT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33056** Change ☐ Addition ☐ Delete 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 Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ■ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: SOURED

24/26/00 (305)626-9607