2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 02, 2001 8:00 am DOCUMENT # P95000021041 **Secretary of State** 1. Entity Name HAMILTON & MOYA LTD., INC. 03-02-2001 90115 018 ***150.00 Principal Place of Business Mailing Address 15441 C.W. 47TH TERRACE- 15441 S.W. 47TH-TERRACE MIAMI FL 33185 -5W ama cipal Place of Business Sú ite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0570337 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOYA, LUIS O Street Address (P.O. Box Number is Not Acceptable) -15441 S.W. 47TH TERRACE--MAN! FL 33185 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 Signature, typed or printed name of registered agent and title if applicable. DATE (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. 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. ☐ Delete TITLE Change ☐ Addition TITLE MOYA, LUIS O NAME NAME 14571 5W 33 Court Miramar, Fla. 330 STREET ADDRESS 15441-SW-47-TERR-STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 23185 TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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changed, or on an attachment with