2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P95000022179** Apr 10, 2000 8:00 am Secretary of State 1. Entity Name UNION TIBE CORP. 04-10-2000 90070 007 ***158.75 Mailing Address Principal Place of Business 9001 N.W. 97TH TERRACE 9001 N.W. 97TH TERRACE BAY NO. 8 BAY NO. 8 MEDLEY FL 33178 3. Mailing Address 2. Principal Place of Business 975 TERR. 9100 NW 9000 NW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 65-0564650 FLORIDA MEDIEV Not Applicable MEDIEV \$8.75 Additional 5. Certificate of Status Desired M Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JORGE HIRINOS ZAMORA, ENRIQUE ESQ Street Address (P.O. Box Number is Not Acceptable) 901 PONCE DE LEON BLVD. SUITE 502 CORAL GÁBLES FL 33134 Zip Code 33016 HIALEAH http://www.nits.this.statement.for.tbe.purpose.of.changing.its.registered.office.or.registered.agent, or both, in the State of Florida The above na JORGE SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Delete TITLE ☐ Change TITLE CHININOS, TORGE P. CHIRINOS, JORGE R NAME NAME STREET ADDRESS STREET ADDRESS 9001 "A" N.W. 97TH TERR 7346 W 34 0 330<u>/6</u>. CITY-ST-ZIP CITY-ST-ZIP MEDLEY FL 33178 HIALEAH ☐ Change ☐ Addition ☐ Delete TITLE TITLE JORGE I. JACOME JACOME, JORGE I NAME STREET ADDRESS 7613 W 34 STREET ADDRESS 9001 "A" N.W. 97TH TERR CITY-ST-ZIP CITY-ST-ZIP MEDLEY FL 33178 _____Change__ ~ [=] Addition Dēletē TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ 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-ZIE ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP rmation 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 upplemental 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 eiver 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 any twith an address, with all other like empowered. I hereby certify that the inform indicated on this report or sy. of the corporation or the rechanged, or on an aftachn