2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2002 8:00 am Secretary of State P95000026766 **DOCUMENT #** 1. Entity Name 02-05-2002 90080 017 ***150.00 S. AND S. INVESTORS CORPORATION Mailing Address Principal Place of Business 16140 EAST TROON CIRCLE 16140 EAST TROON CIRCLE MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 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 65-0592071 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MENDIGUTIA, JOSE A Street Address (P.O. Box Number is Not Acceptable) 16140 EAST TROAN CIRCLE MIAMI LAKES FL 33014 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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 After May 1, 2002 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 11. Change Addition □ Delete TITLE TITLE NAME MENDIGUTIA, JOSE A NAME 16161 E TROON CIRCLE STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33014 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ... **VSD** ☐ Delete TITLE TITLE NAME MENDIGUTIA, ODALYS NAME 16161 E TROON CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33014 CITY-ST-ZIP ☐ Defete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME 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 NAME

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 attach

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS