2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000038779 Mar 04, 2000 8:00 am 1. Entity Name **Secretary of State** COLIBRI INVESTMENT OF MIAMI. INC. 03-04-2000 90042 040 ***150.00 Principal Place of Business Mailing Address 145 MADEIRA AVE P.O. BOX 145280 CORAL GABLES FL 33114-5280 SUITE 208 CORAL GABLES FL 33134 US 2. Principal Place of Business 3. Mailing Address 36.61 SW 18 TERR Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0636524 MIAMI Not Applicable Country \$8.75 Additional Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent - 6. Name and Address of Current Registered Agent Name MARTINEZ, HUGO Street Address (P.O. Box Number is Not Acceptable) 3661 SW 18 TERR **MIAMI FL 33145** 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 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 **\$5.00** May Be 10.- Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITE Delete MARTINEZ, HUGO NAME STREET ADDRESS STREET ADDRESS 3661 SW 18 TERR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST-ZIP Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

"HUGO MARTINEZ