## മഹാo Uniform Business Report (UBR) FILED Apr 10, 2000 8:00 am Secretary of State DOCUMENT # **P95000045640** TINOCO ASSOCIATES, INC. 04-10-2000 90047 039 \*\*\*150.00 Mailing Address Principal Place of Business 2212 S. CHICKASAW TR. 2212 S. CHICKASAW TR. ORLANDO FL 32825-8414 ORLANDO FL 32825 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3337081 Not Applicable Country \$8.75 Additional Zip Zip 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 TINOCO, PEDRO Street Address (P.O. Box Number is Not Acceptable) 2212 S. CHICKASAW TR. ORLANDO FL 32825 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 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. ☐ Change ☐ Addition □ Delete TITLE TITLE TINOCO PAZ, PEDRO R NAME NAME 2212 S. CHICKASAW TR. STREET ADDRESS STREET ADDRESS ORLANDO FL 32825 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TINOCO, PEDRO R NAME NAME STREET ADDRESS 2212 S. CHICKASAW TR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32825 Change -Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition De ete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition De ete 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 exedute 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-7/P

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE DE COURED I

(4/00 (407) 384-222

Daytime Phone #

CR2E034 (9/