## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 04, 2000 8:00 am Secretary of State DOCUMENT # P95000051684 FIGUEREDO SALES, INC. 05-04-2000 90152 007 \*\*\*150.00 Principal Place of Business Mailing Address 2245 WEST 10TH COURT 245 WEST 10TH COURT HIALEAH FL 33010-1910 THE FL 33010 A0054518 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt.-#, etc... City & State City & State 4. FEI Number Applied For 65-0592497 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FIGUEREDO, JESUS Street Address (P.O. Box Number is Not Acce 1010 WEST 37TH STREET HIALEAH FL 33012 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PVST** Change Addition ☐ Delete TITLE TITLE FIGUEREDO, JESUS N.W. 19774 AUB NAME STREET ADDRESS STREET ADDRESS 1010 WEST 37TH STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 XX Delete TITLE TITLE FIGUEREDO, JESUS NAME NAME STREET ADDRESS STREET ADDRESS 1010 WEST 37TH STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 ☐ Change Addition ☐ Delete TITLE 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-ZIE ☐ Delete \_\_ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE 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 provisit that 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 received of trustice 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 a provision of the corporation of the corporation of the received of trustices. With all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

changed, or on an alian metricular address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- 4/26/2007 3V-805-55