2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 14, 2000 8:00 am Secretary of State DOCUMENT # P95000072132 1. Entity Name OLD TOWN INVESTMENT, INC. 01-14-2000 90024 023 ***150.00 Mailing Address Principal Place of Business 8480 S.W. 94TH STREET 12260 S.W. 8TH ST. MIAMI FL 33156-7308 SUITE 224 MIAMI FL 33184 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0641145 Not Aprillia Country \$8.75 Additional 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 DIAZ DE VILLEGAS, ELENA Street Address (P.O. Box Number is Not Acceptable) 12260 S.W. 8TH STREET SUITE 224 MIAMI FL 33184 Zip Code 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, 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 OFFICERS AND DIRECTORS 12. 11. Parez-Aleman, Armando G. Change TITLE TITLE Delete ALEMAN, ARMANDO J NAME NAME 8480 SW 9457 STREET ADDRESS STREET ADDRESS 8480 S.W. 94TH ST. Miamis F/ 93154 CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33156** Change Addition ☐ Delete TITLE TITLE DIAZ de VIllegas, Elena 8480 sw 94 st DE VILLEGAS, ELENA D NAME NAME 8480 S.W. 94TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33156** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Defete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 trues of 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.

SIGNATURE:

SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Perez-Aleman 1/5/2000