2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P95000077979** Mar 13, 2000 8:00 am **Secretary of State** EL ESPEJO DE LA VANIDAD. INC. 03-13-2000 90041 013 ***158.75 Mailing Address Principal Place of Business 8877 COLLINS AVE. PH 5 8877 COLLINS AVE. PH 5 SURFSIDE FL 33154-3524 SURFSIDE FL 33154 2. Principal Place of Business 3. Mailing Address 260 - 95th STREET 260 - 95th STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 201 201 Applied For City & State City & State 4. FEI Number 65-0612052 SURFSIDE, FLORIDA Not Applicable SURFSIDE, FLORIDA Country \$8.75 Additional Zip X 5. Certificate of Status Desired MIAMI DADE Fee Required MIAMI DADE 33154 33154 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JÄVIER SANJUANBENITO SAN JUAN BAUTISTA, JAVIER Street Address (P.O. Box Number is Not Acceptable) 260 - 95th STREET, SUITE #201 8877 COLLINS AVE. PH 5 SURFSIDE FL3315# 33154 SURFSIDE, fement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above 03/03/00 SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Txt Change ☐ Addition X Delete TITLE SAN JUAN BAUTISTA, JAVIER NAME SANJUANBENITO, JAVIER NAME STREET ADDRESS STREET ADDRESS 8877 COLLINS AVE. PH 5 260 - 95th STREET, STE #201 CITY-ST-ZIP CITY-ST-7/P SURFSIDE FL 33154 SURFSIDE, FLORIDA 33154 ☐ Addition TITLE ☐ Change ☐ Delete TITLE SALIGUET, EMILIO NAME STREET ADDRESS 8877 COLLINS AVE. PH 5 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SURFSIDE FL 33154 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information porties 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 be empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if dress, with all other like empowered. 13. I hereby certify that the information indicated on this report or supplemental of the corporation or the rece changed, or on an attachmen

JAVIER: SANJUANBENITO

AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/03/00

Date

(305) 864-0692

Daytime Phone #