2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 09, 2000 8:00 am DOCUMENT # INTERNATIONAL **Secretary of State** 06-09-2000 90042 012 ***150.00 Principal Place of Business Mailing Address 6278 N Federal Huy SAME handerdale. Flataco 2. Principal Place of Business 6278 N Fen Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For \sim RT Not Applicable Country BROWARd Zip. Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARIE CAMBIO 4955 Rothschild 20 CORAL SPRINGS PL 33067 Street Address (P.O. Box Number is Not Acceptable) Zip Code City 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. -20-00 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOWIH FEE IS \$150.00 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PRESNIGERATE CAMBIO PRESIDENT Delete TITLE TITLE RNEST It CAMBIO JR 955 Rothschild DA NAME 1955 Rothschild D1 STREET ADDRESS STREET ADDRESS CORAL SM. FL 33067 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ec Retary ERNEST A CAMBIO IM NAME NAME STREET ADDRESS STREET ADDRESS 4317 NE 12 AV CITY-ST-ZIP CITY-ST-7IE 3067 33060 PIMPANO □ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIE 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 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

SIGNATURE:

an address, with all other like empowered.

\$1-227-5996