2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9600001184 Apr 11, 2000 8:00 am Secretary of State DULCE INVESTMENT CORPORATION 04-11-2000 90006 005 ***150.00 Mailing Address Principal Place of Business 5721 NW 36 ST 5721 NW 36 ST VIRGINIA GARDENS FL 33166-5701 VIRGINIA GA 33166 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite; Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0649185 Not Applicable Country \$8,75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ. ESPERANZA Street Address (P.O. Box Number is Not Acceptable) 5721 NW 36 ST VIRGINIA GRADENS FL 33166 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 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. 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. TITLE Addition TITLE ☐ Delete RODRIGUEZ, ESPERANZA NAME NAME STREET ADDRESS **5721 NW 36TH STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VIRGINIA GARDENS FL 33166 ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE THILE NAME NAME STREET ADDRES STREET ADDRESS CITY-ST-ZIP CITY ST-2# Addition ☐ Delete TITLE . Charige TIT! F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 13. Thereby 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 an address, with all other like empowered.