## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 23, 2000 8:00 am Secretary of State DOCUMENT # P96000007398 1. Entity Name MAC MOLTO U.S.A., INC. 05-23-2000 90228 014 \*\*\*158.75 Principal Place of Business Mailing Address 782 NW 42 AVE 782 NW 42 AVE SUITE 200 A SUITE 200 A MIAMI FL 33126 MIAMI FL 33126-5545 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0670632 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SIMPSON, LITA Q Street Address (P.O. Box Number is Not Acceptable) 782 NW 42 AVE SUITE 200 A **MIAMI FL 33126** 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 1 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME SIMPSON, LITA Q STREET ADDRESS STREET ADDRESS 782 NW 42 AVE SUITE 200 A CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33126** ☐ Addition ☐ Change Delete TITLE TITLE PCD 1 21 32 . 77 NAME NAME VALERO, D PEDRO MOLTO STREET ADDRESS STREET ADDRESS 782 NW 42 AVE SUITE 200A CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition ☐ Change □ Delete TITLE TITLE NAME NAME TRIVES, VINCENTE L. VA STREET ADDRESS STREET ADDRESS 782 NW 42 AVE, SUITE 200A CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 ☐ Addition ☐ Change ☐ Delete TITLE VALERO, D. ANTONIO MOL NAME NAME STREET ADDRESS STREET ADDRESS 782 NW 42 AVE, SUITE 200A CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAVARRO, D. JOSE MOLTO NAME STREET ADDRESS STREET ADDRESS 782 NW 42 AVE, SUITE 200A CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33126** ☐ 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 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 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 of 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/00

305-444-7272

Daytime Phone #