## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURES

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # **P96000009567** Jun 05, 2000 8:00 am Secretary of State SAN FRANCISCO GROUP, INC. 06-05-2000 90497 001 \*\*\*150.00 06-05-2000 90497 002 \*\*\*\*\*5.00 Principal Place of Business Mailing Address 5300 NW 37TH AVE 5300 NW 37TH AVE MIAMI FL 33142-3208 MIAMI FL 33142 2. Principal Place of Business PKWY MIRAMAR KUY Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0649909 Not Applicable County 4 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SALLATO, MARIA T Street Address (P.O. Box Number is Not Acceptable) 9990 SW 77TH AVE SUITE 303 MIAMI FL 33156 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. 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 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. DPS Change ☐ Addition TITLE TITLE Delete NIETO, JOSE A NAME NAME 10218 NW 52 LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33178** CITY-ST-ZIP DVT ☐ Addition Change TITLE ☐ Delete MEJIA, MARIA C NAME NAME 10218 NW 52 LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete NAME NAME STREET ADDRESS GIREE CITY-SŤ-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of trusts, 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 apdress, with all other like empowered.

Date

Daytime Phone #