2000 UNIFORM BUSINESS REPORT (UBR)

\mathtt{FILED} DOCUMENT # P96000023134 Jul 10, 2000 8:00 am Secretary of State HUGO MAY & ASSOCIATES INC. 07-10-2000 90013 046 ***150.00 Principal Place of Business Mailing Address 34 MADEIRA AVENUE #2 34 MADEIRA AVENUE #2 **CORAL GABLES FL 33134** CORAL GABLES FL 33134-4150 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0650773 Not Applicable Zip Country Zio _ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAY, HUGO Street Address (P.O. Box Number is Not Acceptable) 34 MADEIRA AVENUE #2 **CORAL GABLES FL 33134** Zio 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 hame of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE ☐ Delete TITLE Addition NAME MAY, HUGO NAME STREET ADDRESS 34 MADEIRA AVENUE #2 STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL 33134** CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change Audition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HTLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF FICER OR DIRECTOR