2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 25, 2001 8:00 am Secretary of State DOCUMENT # P9600032982 HOLD EVERYTHING OF FLORIDA INC. 01-25-2001 90012 022 ***150.00 Principal Place of Business Mailing Address 2501 W 80TH ST 2501 W 80TH ST BAY 5 BAY 5 HIALEAH FL 33016 HIALEAH FL 33016 US U\$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0659790 Not Applicable Country Country \$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 Name ANDREU, ALEJANDRO ANDREU, ALEJANDRO Street Address (P.O. Box Number is Not Acceptable) 13041 SW 20 ST. MIRAMAR FL 33027 Zip Code 33027 ourpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this st **SIGNATURE** FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 11. 12. PTD TITLE TITLE Addition □ Delete ALEJANDRO ANDREU NAME NAME ANDREU, ALEJANDRO STREET ADDRESS STREET ADDRESS 1159 SW 159 TERK 13041 SW 20 ST. CITY-ST-ZIP CITY-ST-ZIP <u>pembroke</u> pines, fl. 33027 MIRAMAR FL 33027 ☐ Delete Change ☐ Addition TITLE TITLE PADRON, OMAL J NAME PADRON, OMAR J NAME 50 SW 130 AVE STREET ADDRESS STREET ADDRESS 15961 SW 139 AVE CITY-ST-ZIP CITY-ST-ZIP MIAML FL. 33184 MIAMI FL 33177 TITLE ☐ · Delete TITLE ... 🔲 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 of 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 employeeved to procure 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 a suppowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ALE JANDRO ANDREU

1/1/2001

(305)820-3537 Daytime Phone # CH2E034 (10/0