2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P96000040477 Mar 21, 2000 8:00 am Secretary of State 1. Entity Name LAW OFFICES OF JUAN CARLOS PARETS, P.A. 03-21-2000 90029 020 ***150.00 Mailing Address Principal Place of Business 4343 WEST FLAGLER STREET. SUITE 210 4343 WEST FLAGLER STREET, SUITE 210 **MIAMI FL 33134** MIAMI FL 33134-1586 2. Principal Place of Business 3. Mailing Address 3990 WST FLAGISK St. 3990 WEST FLAGISK DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0666536 Not Applicable Country Zip Country Zip \$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 PARETS, JUAN CARLOS O WIST FLAGISM 5(185) 4343 WEST FLAGLER STREET, SUITE 210 **MIAMI FL 33135** 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change TITLE ☐ Defete TITLE PARETS, JUAN CARLOS NAME NAME STREET ADDRESS STREET ADDRESS 4343 W FLAGLER ST #210 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition ☐ De ete TITLE TITLE NAME NAME

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ■ Addition ☐ Defete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECTOR

13. I hereby certify that the information supplied

SIGNATURE: _

indicated on this report or supplemental reof the corporation or the receiver or trusteel not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

rale and that my signature shall have the same legal effect as if made under oath; that I am an officer or director Use this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if CR2E034 (9/18)