2000 UNIFORM BUSINESS REPORT (UBR) 99-2000 P96000043310 DOCUMENT # 1. Entity Name ELECTRONIC "2000" CORP. Principal Place of Business Mailing Address 124 S.E. 1st STREET MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For U5-0673428 Not ∸....... Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JORGE L. PACHECO Street Address (P.O. Box Number is Not Acceptable) 124 S.E. 1st STREET MIAMI, FL 33131 City 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change P/D NAME NAME JORGE L. PACHECO STREET ADDRESS STREET ADDRESS 11701 S.W. 19th ST. -02/07/00--01096 CITY-ST-ZIP CITY-ST-ZIP MIRAMAR, FL 33025 ****300.00 ****300**-**00 Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE hange thange TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Floride Statutes. Truther 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 inflade under oath; that Jam an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Floride Statutes, and that my name appears in Block 11 or Block 12 in changed, or on an attachment with an address, with all other like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

ELECTRONIC "2000" CORP. DOC.#P96000043310

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM WITH A CHECK PAYABLE TO THE FL. DEPT. OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION. DUE TO A CHANGE OF MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THE ENCLOSED LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS. THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER. IF YOU SHOULD HAVE ANY QUESTIONS REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW MAILING ADDRESS LISTED IN THE ANNUAL REPORT FORM.

CORDIALLY, JORGE L. PACHECO (PRESIDENT)

