2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9600051926 Aug 16, 2000 8:00 am Secretary of State 1. Entity Name J. BOLADO AT THE FALLS, INC. 08-16-2000 90003 049 ***150.00 Principal Place of Business Mailing Address 336 MIRACLE MILE 336 MIRACLE MILE NO. 398 NO. 398 CORAL GABLES FL 33134 **CORAL GABLES FL 33134** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FFI Number Applied For 65-0677169 Not Applicable Zip Country Country Zin \$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 SUTTON, JOHN O PA Street Address (P.O. Box Number is Not Acceptable) 2655 LEJEUNE ROAD PENTHOUSE II CORAL GABLES FL 33134 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 \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change Addition ☐ Delete TITLE **BOLADO, JOSE P** NAME 8888 S.W. 136TH ST. NO. 398 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33176**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete **BOLADO, CARLOS** NAME NAME STREET ADDRESS STREET ADDRESS 8888 S.W. 136TH ST. NO. 398 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33176 ☐ Addition TITLE ☐ Change TÜLLÉ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITI F 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 trusted 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 address, with all other like empowered.

SIGNATURE:

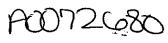
SIGNATUJE DEQUIRED

8110-00

305 448,5905

Daytime Phone #





August 10, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Sirs:

I just came back from my vacation and was surprised to find an envelope for non-payment of Corporation Filing fee for the two corporations FEI-59-1312675 and FEI-65-0677169. The two payments were made in the same envelope and must be misplaced or lost in the mail. Copies of checks are enclosed and to this date have not been presented for payment.

Please accept these two checks as replacement for the payment of these fees. If possible, please advice of non-receipt of prior checks so as to put a stop payment on them.

Thank you for your assistance to this matter.

Sincerely,

Jose Holado

J. BOLADO AT THE FALLS INC. 8888 S.W. 136TH ST., STE. 345 MIAMI, FL 33176-5801 PAY TO THE ORDER OF	BARNETT RANK, N.A., SOUTH DADELAND OFFICE - MAMM, FLORIDA 3315	0814001200 03-353/670 03-353/670 03-353/670
marked 1/1/20		DOLLARS S
то <u>181 4 65-0677/65</u> №001200№ 1:0670039851:	1596466580	
J. BOLADO AT THE FALLS INC.		01200
1 USA		