2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P9600054163 >-May 17, 2000 8:00 am Secretary of State DADE COUNTY CODE DOORS, CORP. 05-17-2000 90919 046 ***150.00 Mailing Address Principal Place of Business POST OFFICE BOX 653636 5431 SW 147TH PLACE MIAMI FL 33185 MIAMI FL 33265-3636 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0679672 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MEYER, EDWING Street Address (P.O. Box Number is Not Acceptable) 5431 SW 147TH PLACE **MIAMI FL 33185** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 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. Added to Fees Trust Fund Contribution. (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Addition TITI F ☐ Delete TITLE MEYER, JOSE NAME NAME STREET ADDRESS **5431 SW 147TH PLACE** STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33185** ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE 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 ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 changed, or or an stachment with so address, with all other like empowered.

Daytime Phone #