2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P96000060677**

Apr 13, 2000 8:00 am Secretary of State 1. Entity Name SPANISH TRANSLATIONS, INC. 04-13-2000 90041 013 ***150.00

Principal Place of Business Mailing Address 100 N. BISCAYNE BLVD. 21ST FLOOR 100 N. BISCAYNE BLVD. 21ST FLOOR MIAMI FL 33132-MIAMI-FL-93102-2304-3. Mailing Address 2. Principal Place of Business c/o Miller & Webner, c/o Miller & Webner, Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE P.O. Box 266947 P.O. Box 266947 City & State City & State Applied For 4. FFI Number 65-0688524 Weston, FL Weston, FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33326-6947 33326-6947 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name M. Miller Rebecca MILLER, REBECCA M Street Address (P.O. Box Number is Not Acceptable) 100 N. BISGAYNE BLVD. 21ST FLOOR MIAMI FL 33132 2442 Poinciana Court Zip Code 33327 City Weston 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 Kebecco M. Miller 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. TITLE ☐ Delete Change NAME NAME

Addition ZOTOS, FIORELLA F c/o Miller & Webner, PA STREET ADDRESS STREET ADDRESS 100 N. BISCAYNE BLVD. 21ST FLOOR 2442 Poinciana Court CITY-ST-ZIP CITY-ST-ZIP MIAMI-FL-33132 Weston, FL 33327 ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Defete TITLE NAME HMAN STREET ADDRESS STREET ADDRESS 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 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 on an attachment with an address, with all other like empowered.

FED NAME OF SIGNING OFFICER OR DIRECTOR