2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9600063618 Mar 04, 2000 8:00 am 1. Entity Name **Secretary of State** BISLET USA, INC. 03-04-2000 90036 029 ***158.75 Principal Place of Business Mailing Address 1761 NW 46 AVE 1761 NW 46 AVE D. 103 D. 103 LAUDERHILL FL 33313-4971 LAÚDERHILL FL 33313 Principal Place of Business 378 NW 3 DO NOT WRITE IN THIS SPACE City & State AKLAND Applied For 4. FEI Number 58-9331093 Not Applicable \$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 SEGOVIA, MIGUEL Street Address (P.O. Box Number is Not Acceptable) 1761 NW 46 AVENUE D 103 LAUDERHILL FL 33313 Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable 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. DIRECTOR Addition **PSTD** Change ☐ Delete TITLE TITLE SEGOVIA, MIGUEL V NAME PAUL M. COFRE NAME STREET ADDRESS 1761 NW 46 AVE D.103 STREET ADDRESS 1761 N.W. H. 6. AVE DIC? CITY-ST-29 U117-ST-ZIP LAUDERHILL FL 33313 ☐ Addition ☐ Change Delete TITLE TITLE COFRE, MARIA A NAME NAME STREET ADDRESS 1761 NW 46 AVENUE D013 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAUDERHILL FL 33313 ☐ Change ☐ Addition ☐ Delete TITLE 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 ☐ Addition Change ☐ Delete TITLE NAME 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-ZIP

13. Thereby certify that the information supplied with this filling 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. SIGNATURE: Y SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR