2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068819

1. Entity Name

EN FUEGO INC

Principal Place of Business 2742 SW 8 STREET #201

SIGNATURE:

Mailing Address

2742 SW 8 STREET #201 MIAMI FL 33135-4659

MIAMI FL 33135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. , Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0710835 Not Applicable Zip Country Country \$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 GONZALEZ, JOSE L Street Address (P.O. Box Number is Not Acceptable) 2742 SW 8 STREET_#201 MIAMI FL 33135 Zip Code statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition **PVST** TITLE ☐ Delete TITLE GONZALEZ, JOSE L MAME STREET ADDRESS STREET ADDRESS 2742 SW 8 STREET #201 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33135 ☐ Addition Change ☐ Delete TITLE TITLE GONZALEZ, JOSE L NAME NAME STREET ADDRESS STREET ADDRESS 2742 SW 8 STREET #201 CITY-ST-ZIF CITY-ST-ZIP MIAMI FL 33135 ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE 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 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 or III is empowered.

FILED

May 09, 2000 8:00 am Secretary of State

05-09-2000 90108 024 ***150.00

04-25-00 Date Daytime Phone *