2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2000 8:00 am Secretary of State DOCUMENT # **P96000069656** COSMOPOLITAN REALTY INC. 03-22-2000 90023 037 ***150.00 Mailing Address Principal Place of Business 7750 SW 51ST AVENE 104R1 NW 41ST MIAM! FL 33178 MIAMI FL 33143 HS 3. Mailing Address 10481 NW 41 57 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-069 1595 FLORIDA MIAMI Not Applicable Country U. S.A. \$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 MEDDIZDO E GUTIERZEZ GUTIERREZ, MELISSA B Street Address (P.O. Box Number is Not Acceptable) 7750 SW 51ST AVENE **MIAMI FL 33143** NW 41 ST 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 id litle 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 11. 12. ワら TITLE TITLE ☐ Delete MEDARDO E GUTIERREZ NAME GUTIERREZ. MEDARDO E NAME STREET ADDRESS STREET ADDRESS 7750 SW 51ST AVENE 10481 NW 41 ST MIAMI FL 33/78 CITY-ST-7/P CITY-ST-ZIP MIAMI FL 33143 ☐ Delete TITLE MELISSA B. GUTIETZREZ NAME GUTIERREZ, MELISSA B NAME STREET ADDRESS STREET ADDRESS 7950 SW 51 AVE 10481 NW 41 ST MIAMI FL 33178. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition ☐ Delete 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby 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.

ME OF SIGNING OFFICER OF DIRECTOR SIGNATURE AND TYPE

3-15-00