2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000089998 00 JUN -5 AM 11:55-1. Entity Name D.T.C. STAIRS INC. GUENDATENT SECRETARY OF STATE A GIRD PEET PEORITA Mailing Address Principal Place of Business 6401 N.W. 74TH AVE. 6401 N.W. 74TH AVE. MIAMI FL 33166-3634 MIAMI FL 33166 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 65-0831280 City & State Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JURADO, ESTHER Street Address (P.O. Box Number is Not Acceptable) 6401 N.W. 74TH AVE. MIAMI FL 33166 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change ☐ Delete TITLE TITLE NAME JURADO, SALVADOR A NAME STREET ADDRESS 6401 N.W. 74TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33166** Addition ☐ Change ☐ Delate STD TITLE 99567 --01090-JURADO, JOSE A NAME STREET ADDRESS 6401 N.W. 74TH AVE STREET ADDRESS 25 / 米米米米米日 未未来来上 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33166** Addition JOHN U TITLE ☐ Dalete NAME MARK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE 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-7M ■ Addition ☐ Change ☐ Delete TITLE TITLE HAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with his filing floes 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 frue 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 trusted 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: