2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2002 8:00 am

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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. 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. 9. This corporation is elligible to satisfy its Intangible as filing requirement and elects to do so. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SIREET ADDRESS 10. SIREET ADDRESS 10. Certificate of Status Cesired Agent 7. Name and Address of New Registered Agent 8. Department of State 10. Election Campaign Financing 10. Election Campaign Fina	
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6. Name and Address of Current Registered Agent CARCIA ELOY JR. 6855 W. 4TH AVENUE HIALEAH FL 330114 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 Signature, typed or printed name of registered agent and tice if applicable. (NOTE Registered Agent signature required when reinstating) DATE 13. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NAME NICOLAS MENDIZABAL JR. 10060 S.W. 145 TERRACE SIREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 DSTY DOM: THE DSTY GRACIA JR. G855 WEST 4TH AVENUE CITY-ST-ZIP TITLE DATE CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE DATE CITY-ST-ZIP TITLE TITLE DATE CITY-ST-ZIP TITLE DATE CITY-ST-ZIP TITLE	
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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 supplied 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP _ ..

STREET ADDRESS

TITLE

NAME

SIGNATURE

TITLE

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STREET ADDRESS

CITY-ST-ZIP

☐ Delete

4-29-02 877-4477

☐ Change

☐ Addition