2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

FILED DOCUMENT # P96000103151 Apr 24, 2000 8:00 am Secretary of State MANUEL L. CRESPO, ATTORNEY AT LAW, P.A. 04-24-2000 90082 036 ***150.00 Mailing Address Principal Place of Business 2701 PONCE DE LEON BLVD. 2701 PONCE DE LEON BLVD. SUITE 302 SUITE 302 CORAL GABLES FL 33134 CORAL GABLES FL 33134-6020 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number. City & State 65-0723767 Not Applicable 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 RAMIREZ, GRACE Street Address (P.O. Box Number is Not Acceptable) 2701 PONCE DE LEON BLVD. SUITE 302 CORAL GABLES FL 33134 Zip Code City 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, 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PVST** TITLE Change ☐ Addition ☐ Delete TITLE CRESPO, MANUEL L NAME NAME STREET ADDRESS STREET ADDRESS 2701 PONCE DE LEON BLVD., #302 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL_33134 ☐ Addition Change TITLE □ Delete TITLE CRESPO, MANUEL L NAME STREET ADDRESS STREET ADDRESS 2701 PONCE DE LEON BLVD., #302 CITY-ST-ZIP CITY-ST-7IP CORAL GABLES FL 33134 ☐ Change ☐ Addition ☐ Delete 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 Change ☐ Addition ☐ Delete TITLE 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 ith this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. Thereby certify that the information st indicated on this report or suppleme of the corporation or the receiver or