2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000002669

1. Entity Name: Medina's Collections, Inc.

FILED
00 MAY -1 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
777 NW 72nd Ave Suite 2AA11 Miami, Fl. 33126	Medina, Luis 7513 Lochness DR. Miami Lakes, Fl 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
777 NW 72nd Ave	Medina, Luis
Suite, Apt. #, etc.: 2AA11	Suite, Apt. #, etc.: 7513 Lochness Dr.
City & State: Miami, Fl.	City & State: Miami Lakes, Fl
Zip: 33126 Country: Dade	Zip: 33014 Country: Dade

4. FEI Number: 650 733 603 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: Medina, Luis, A

Street Address (P.O. Box Number is Not Acceptable): 7513 Lochness DR

City: Miami Lakes FL Zip Code: 33014

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: Luis C Medina — 4-28-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	dpt Medina, Luis A. 7513 Lochness DR. Miami, Fl. 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700003246167--8 -05/10/00--01016--006 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS Medina, Berta E. 7513 Lochness DR. Miami Lakes, Fl 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Luis C Medina — 4-28-2000 — 305 264-8747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #