2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 26, 2001 8:00 am Secretary of State DOCUMENT # P9700004196 1. Entity Name DOMINGUEZ ENTERPRISE, INC. 03-26-2001 90084 032 ***150.00 Principal Place of Business Mailing Address 3235 HWY. 70 W. 3235 HWY. 70 W. OKECHOBEE FL 34972 OKECHOBEE FL 34972 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0759447 Not Applicable \$8.75 Additional Zio 🖘 . 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 DOMINGUEZ, JOAQUIN D Street Address (P.O. Box Number is Not Acceptable) 3235 HWY. 70 W. **OKECHOBEE FL 34972** Zip Code 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE TITLE NAME NAME DOMINGUEZ, JOAQUIN D STREET ADDRESS STREET ADDRESS 3235 HWY. 70 W. CITY-ST-ZIP CITY-ST-ZIP OKECHOBEE FL 34972 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP__ CITY-ST-ZIP. Change ☐ Addition ☐ Delete TIT! F 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-2IP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete 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 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 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 frustee 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.

FICER OR DIRECTOR

SIGNATURE:

03-15-01

Daytime Phone #