2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 22, 2000 8:00 am Secretary of State DOCUMENT # P97000019371 SANTANA'S MARKET, INC. 03-22-2000 90046 034 ***150.00 Principal Place of Business Mailing Address 1830 NW 17TH AVENUE 1830 NW 17TH AVENUE MIAMI FL 33125-2357 MIAMI FL 33125 E0042417 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0796376 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANTANA, VIRGILIO J Street Address (P.O. Box Number is Not Acceptable) 1401 NW 23RD ST. MIAMI 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 DATE 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) , \square Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Change ☐ Addition TITLE Delete TITLE NAME NAME SANTANA, VIRGILIO J STREET ADDRESS STREET ADDRESS 6953 SW 22ND ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 ☐ Change ☐ Addition Delete TITLE TITLE NAME SANTANA, JOSUE NAME STREET ADDRESS STREET ADDRESS 6953 SW 22ND ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 Change ☐ Addition TITLE TITLE Delete NAME NAME 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 ☐ Change ☐ Addition TITI F TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 trusce 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 fall other like empowered.

Virgilio J. Santana D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

3/16/00

Daytime Phone #

Date