2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P97000034192 Apr 28, 2000 8:00 am Secretary of State 1. Entity Name AMERICAN FIRST CAPITAL CORP. 04-28-2000 90039 004 ***150.00 Principal Place of Business Mailing Address 444 BRICKELL AVE. 444 BRICKELL AVE. SUITE P-28 SUITE P-28 MIAMI FL 33131 MIAMI FL 33131-2467 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0777601 Not Applicable Zip Country 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 Name SPECTOR, BAYARD Street Address (P.O. Box Number is Not Acceptable) 9999 S.W. 89TH COURT **MIAMI FL 33176** Zin 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change PD TITLE ☐ Addition TITLE Delete PD NAME NAME BETHART, LUIS Luis G. Sarmiento STREET ADDRESS STREET ADDRESS 7600 S.W. 117 STREET 10030 SW 77th. Ct CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 Miami, FL 33156 ☐ Change ☐ Addition ☐ Delete TITLE TITLE SPECTOR, BAYARD NAME NAME STREET ADDRESS STREET ADDRESS 9999 S.W. 89 COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33176 Change ☐ Addition Delete TITLE TITLE BETHART, LUIS NAME NAME Luis G. Sarmiento STREET ADDRESS STREET ADDRESS 7600 S.W. 117TH STREET 10030 SW 77th. Ct. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 Miami, FL 33156 ☐ Change Addition TITLE ☐ Delete TITLE SPECTOR, BAYARD NAME NAME STREET ADDRESS STREET ADDRESS 9999 S.W. 89TH COURT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** ☐ Delete TITLE ☐ Change Addition 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-7IP 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 trustee 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.