2001 UNIFORM BUSINESS REPORT (UBR) Feb 15, 2001 8:00 am ENT # P97000039903 **Secretary of State** STARBUCK INVESTMENTS CORP. 02-15-2001 90074 029 ***158.75 Principal Place of Business Mailing Address 5951 S.W. 46TH STREET 5951 S.W. 46TH STREET MIAMI, FLORIDA 33155 MIAMI, FLORIDA 33155 A0022872 2. Principal Place of Business 3. Mailing Address 5951 S.W. 46TH STREET 5951 S.W. 46TH STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MIAMI, FLORIDA MIAMI, FLORIDA 65-0761450 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33155 Fee Required DADE 33155 DADE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PALOMARES, LORENZO J. 255 UNIVERSITY DRIVE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES, FLORIDA 33134 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PS CR2E034 (11/00) TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PALOMARES, LORENZO J. NAME STREET ADDRESS STREET ADDRESS 255 UNIVERSITY DRIVE CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES, FLORIDA 33134 TITLE ☐ Change ☐ Addition 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 ~ ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information suppli-indicated on this report or supplemental of the corporation or the receiver or truste es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information yate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director oute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if true and of the corporation or changed, or on an e SIGNATURE: 02-01-01 <u>(305) 926–1110</u>

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