FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2002 8:00 am Secretary of State P97000043221 DOCUMENT # 1. Entity Name 04-03-2002 90497 044 ***150.00 ECHEMENDIA & SONS, CORP. Principal Place of Business Mailing Address 3400 NW 67TH ST 3400 NW 67TH ST MIAMI FL 33147 MIAMI FL 33147 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0760437 Not Applicable Zip Country Zip 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 ECHEMENDIA, ALBERICO Street Address (P.O. Box Number is Not Acceptable) 3400 NW 67TH ST **MIAMI FL 33147** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITI F TITLE ☐ Delete ECHEMENDIA, ALBERICO NAME NAME 3400 NW 67TH ST STREET ADDRESS STREET ADDRESS **MIAMI FL 33147** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ECHEMENDIA, MARISEL NAME NAME 3400 NW 67TH ST STREET ADDRESS STREET ADDRESS **MIAMI FL 33147** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition ECHEMENDIA, MARIO NAME NAME STREET ADDRESS 3400 NW 67TH ST STREET ADDRESS MIAMI FL 33147 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITI F ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST-7IP 13. 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 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

SIGNATURE:

Daytime Phone #

CR2E034 (9/01)