2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYP

FILED Jan 14, 2000 8:00 am Secretary of State DOCUMENT # P9700050840 1. Entity Name PHONANZA TRADING, INC. 01-14-2000 90066 026 ***150.00 Mailing Address Principal Place of Business 934 N UNIVERSITY DR 934 N UNIVERSITY DR 218 CORAL GABLES FL 33071 CORAL GABLES FL 33071-7029 2. Principal Place of Business Mailing Address 259 Pr. JA JACO aza H. OHIVERSI DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0759798 Not Assilia did \$8.75 Additional 5. Certificate of Status Desired BROWLES Fee Required 6. Name and Address of Current Registered 7. Name and Address of New Registered Agent Name BETANCOURT, ENRIQUE Street Address (P.O. Box Number is Not Acceptable) 110 NW 98 WAY **CORAL SPRINGS FL 33071** 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 DATE (NOTE: Registered Agent signature required when reinstating) 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, 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 A 🖢 14-14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Delete TITLE TITLE NAME BETANCOURT, ENRIQUE NAME STREET ADDRESS STREET ADDRESS 110 NW 98 WAY CITY-ST-ZIP CITY-ST-ZIP CORAL SPRGS FL 33071 Change Delete TITLE VSD TITLE NAME MARIA & BETAUCOURT SANCHEZ, MARIA NAME CORAL STEPS TL STREET ADDRESS STREET ADDRESS 110 NW 98 WAY CITY-ST-ZIP CITY-ST-ZIP CORAL SPRGS FL 33071 [] Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change TITI E ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 toexecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in other like empowered. 13. I hereby certify that the information supplied with this indicated on this report or supplemental repolt is to of the corporation or the receiver or trustee empoy of the corporation or the reco

Daytime Phone #