2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000057437** Mar 24, 2000 8:00 am Secretary of State CARINTERIA EL NUEVO MUNDO, INC. 03-24-2000 90104 001 ***150.00 Principal Place of Business Mailing Address 2460 NW 78 STREET 2460 NW 78 STREET MIAMI FL 33147 MIAMI FL 33147-5540 629500 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 65-0765823 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 SANCHEZ, JOSE A Street Address (P.O. Box Number is Not Acceptable) 2460 NW 78 STREET **MIAMI FL 33147** City Zip Code FI 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) FILE NOW!!! FEE IS \$150.00 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ITLE Delete TITLE Change ☐ Addition CR2E034 (9/99 AMF SANCHEZ, JOSE A NAME TREET ADDRESS 2460 NW 78 STREET STREET ADDRESS TY-ST-ZIP MIAMI FL 33147 CITY-ST-ZIP TLE Delete TITLE ☐ Addition Change ۱ме NAME REET ADDRESS STREET ADDRESS ÎY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME EET ADDRESS STREET ADDRESS -ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition EFT ADDRESS STREET ADDRESS 'ST-ZIF CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME ET ADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME ET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered Date Daytime Phone