2000 UNIFORM BUSINESS REPORT (UBR) FILED 27000069646 Mar 24, 2000 8:00 am Secretary of State DOCUMENT # [& SIERRALTA, MARTIN 03-24-2000 90067 040 ***158.75 Principal Place of Business 12501 S.W. 23 RD. TERR. FL 33175 MIAHI C0044411 2. Principal Place of Business 3. Mailing Address 12501 S.W. 23 RD. TERR. 12501 S.W. 23 RD. TERR. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 33175 MIAHI MIAMI Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired U.S.A. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Ε. SANTIESTEBAN MARIA Street Address (P.O. Box Number is Not Acceptable) 23 RD. TERR. 33175 MIAMI 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) 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, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. PRESIDENT ☐ Delete TITLE TITLE JOSE I. HARTIN NAME NAME 12501 S.W. 23 RD. TERR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI_ FL 33175 ☐ Addition ☐ Change TITLE VICE PRESIDENT ☐ Delete TITLE NAME NAME GABRIELA C. SIERRALTA STREET ADDRESS 12501 S.W. 23 RD, TERR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33<u>175</u> MIAMI FL TITLE ☐ Change Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-719 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete τιτι ε TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered. - III NATURE: