2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P97000074534 POPETE'S IMPORT & EXPORT INC. 04-26-2001 90142 026 ***150.00 Principal Place of Business Mailing Address 1921 N.E. 147TH TERR 13333 S.W 64TH LANE N MIAMI FL 33181 MIAM! FL 33183 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0791927 Not Applicable Zip Country Country Z:p \$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 RODRIGUEZ, MARIA CRISTINA Street Address (P.O. Box Number is Not Acceptable) 3880 N.E. 6TH AVE APT 212 **MIAMI FL 33132** 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 Forida. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE TITLE Delete Addition RODRIGUEZ, MARIA CRISTINA NAME NAME STREET ADDRESS 3880 N.E. 6TH AVE APT 212 STREE! ADDRESS CITY-ST-ZIP **MIAMI FL 33132** CITY-ST-ZiP ☐ Delete 3111.5 □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY SI ZIP CITY-ST-Z'P TITLE ☐ Delete THUS ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-7:P Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS C:TY-ST-ZIP CITY-ST-Z:P ☐ Delete THE □ Change Addition STREET ADDRESS STREET ADDRESS CtTY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CHY ST-ZIP 13. Thereby certify that the information supplied with this filling 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 fue 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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #