2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 03, 2001 8:00 am Secretary of State DOCUMENT # P97000079158 PEBA 14 FLAGLER STREET PROPERTY, INC. 05-03-2001 91164 007 ***158.75 Principal Place of Business Mailing Address 555 E 25TH ST 3070 W FLAGLER ST SUITE 111 MIAMI FL 33135 HIALEAH FL 33013 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0788254 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEREA, LAZARO Street Address (P.O. Box Number is Not Acceptable) 1370 W. FLAGLER ST **MIAMI FL 33135** 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 (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 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 S AND DIFFEOTORS IN 11 ADDITIONS/CHANGES TO OFFICE OFFICERS AND DIRECTORS 11. Ghange ☐ Addition ☐ Delete TITLE TITLE BARROSO, LUIS NAME NAME STREET ADDRESS 3275 N.W. 36TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL **∃** Change ☐ Addition D ☐ Delete TITLE TITLE NAME PEREA. LAZARO NAME STREET ADDRESS STREET ADDRESS 3275 N.W. 36TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE PEREA, MARIA NAME STREET ADDRESS 3275 N.W. 36TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition ☐ Change Delete TITLE TITLE BARROSO, LUISA NAME NAME STREET ADDRESS 3275 N.W. 36TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of rustee 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.

Vice-Kes.