2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000090659 Apr 21, 2000 8:00 am Secretary of State P & L OF HIALEAH CORPORATION 04-21-2000 90026 020 ***150.00 Mailing Address Principal Place of Business 7916 NW 103 ST 7916 NW 103 ST HIALEAH GARDENS FL 33016-2452 HIALEAH GARDENS FL 33016 2. Principal Place of Business 3. Mailing Address 1034 8016 NW 103rd 016 NW Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0789064 Not Applicable 10/a Hialanh GARDONS \$8.75 Additional 5. Certificate of Status Desired 3016 33016 5 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LOPEZ: PEDRO ... Street Address (P.O. Box Number is Not Acceptable) 8016 NW 103RD ST. HIALEAH GARDENS FL 33016 Zip Code City 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition PD ☐ Delete TITLE TITLE NAME LOPEZ, PEDRO STREET ADDRESS STREET ADDRESS 6941 NW 12TH ST. 33016 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33313 ☐ Addition TITLE □ Delete NAME NAME COLLADO, LISSETTE STREET ADDRESS STREET ADDRESS 6941 NW 12TH ST. FL 33v/ら CITY-ST-ZIP 1 CITY-ST-ZIP PLANTATION FL 33313 ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE

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 add/ess/ with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PROTECT NAME OF SIGNING OFFICER OR DIRECTOR

04/12/00 (30+)8269VC