2001 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P9700092871 1. Entity Name AUGUSTO PAZ & SONS CORP. 05-03-2001 90978 027 ***150.00 Mailing Address Principal Place of Business 2254 NW 82 AVE 2254 NW 82 AVE MIAMI FL 33122 MIAM! FL 33122 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0790584 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARLOS PAZPAZ. MIGUEL A Street Address (P.O. Box Number is Not Acceptable) 8895 FONTAINEBLEAU BLVD NO. 406 **MIAMI FL 33172** No. 107 City statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above n 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 Intengible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition P.S.D TITLE **PSD** ☐ Delete TITLE PAZ NAME MiGUEZ A. PAZ, MIGUEL A NAME 66 ST. No.404 10730 HW STREET ADDRESS 8895 FONTAINEBLEAU BLVD NO. 406 STREET ADDRESS 33178 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** ☐ Addition TITLE D٧ Delete TITLE 4740 NW 102 AV, NO.107 CARLOS NAME PAZ, CARLOS NAME STREET ADDRESS 8895 FONTAINEBLEAU BLVD #405 STREET ADDRESS Minni, FL 33178 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 701C AD ☐ Addition TITLE Delete _ ... TITLE NAME 10730 NW 66 \$7. NO. 404 PAZ, JOSE NAME STREET ADDRESS 8895 FONTAINEBLEAU BLVD #405 STREET ADDRESS Minny FL 33178 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE 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-7IP 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 of the trustee importance 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 withan address, with all other like empowered.

\an addr

SIGNATURE AND TYPED OR PRINTED N

AME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: