2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 21, 2000 8:00 am Secretary of State DOCUMENT # P97000093336 JULIS CAFE CORPORATION 04-21-2000 90123 017 ***150.00 Mailing Address Principal Place of Business 3176 WEST 78TH STREET 3176 WEST 78TH STREET HIALEAH FL 33018 HIALEAH FL 33018-3846 641478 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0816921 Not Applicable Country \$8.75 Additional___ Zip Country Zip .5._Certificate of Status Desired____ -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GONZALEZ, DORA Street Address (P.O. Box Number is Not Acceptable) 3176 WEST 78TH STREET HIALEAH FL 33018 Zip Code City 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) 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, 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 12. 11. ☐ Change Addition TITLE **PSD** □ Delete NAME GONZALEZ, DORA STREET ADDRESS STREET ADDRESS 3176 WEST 78TH STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33018 ☐ Addition ☐ Change TITLE **VTD** Delete TITLE NAME NAME GONZALEZ, CONSTANTINO R STREET ADDRESS STREET ADDRESS 3176 WEST 78TH STREET CITY-ST-7IP CITY-ST-ZIP HIALEAH FL 33018 ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete 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

Daytime Phone #