## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2000 8:00 am Secretary of State DOCUMENT # P97000093675 MULTIBARS TIV-LOOK EXPORTS, INC. 04-24-2000 90168 020 \*\*\*150.00 Principal Place of Business Mailing Address 8850 FONTAINEBLEAU BLVD. 8850 FONTAINEBLEAU BLVD. UUU71819 SUITE 102 SUITE 102 MIAMI, FFL 33172 MIAMI, FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 65-0804758 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agen! 7. Name and Address of New Registered Agent MARUJA BAIGORRIA 8850 FONTAINEBLEAU BLVD. #102 MIAMI, FL 33172 Street Address (P.O. Box Number is Not Acceptable) Zip Code 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 (NOTE: Registered 9. This corporation is eligible to satisfy its Intangible FILENOWIIIFE Tax fiting requirement and elects to do so. 10. Election Campaign Financing After MAY 1, 2000 F 200 S550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Adonion MARIEL BAIGORRIA 8850 FONTAINEBLEAU BLVD. #102 MIAMI, FL 33172 [EL BAIGORRIA NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition MALL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP CITY - ST- ZIP Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY - ST - 71F TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE Addition 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 changed, or on an attachment with an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR