2001 UNIFORM BUSINESS REPORT (UBR)

OR PRINTED MANE OF

Apr 26, 2001 8:00 am Secretary of State DOCUMENT # H98000010396 1. Entity Name 04-26-2001 90117 010 ***150.00 MULTIBARS TIV-LOCK EXPORTS, INC. Principal Place of Business 14631 SW 136TH PL 14631 sw 136TH PL 33186 MIAMI, FL MIAMI, FL C0053640 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. FEI Number Applied For 65-0804758 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARIA R. BAIGORRIA Street Address (P.O. Box Number is Not Acceptable) 14631 sw 136TH PL MIAMI, FL 33186 City 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. SIGNATURE _ (NOTE: Registered Agen) suggested regularly when reinstating) \$ \$ P FILENOWINFEEIS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 200 Feewill be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. 31715 Change Addition TITLE Delete MARIEL BAIGORRIA 14631 SW 136TH PL NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP MIAMI, FL ☐ Change Addition TITLE Datete TITLE MARIA R. BAIGORRIA NAME 14631 sw 136th PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - S1 - ZIP MIAMI. FL Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Addition Change TITLE TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TETLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.