2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000100584** Feb 26, 2000 8:00 am Secretary of State JOAQUIN VALDES DISTRIBUTOR, INC. 02-26-2000 90080 018 ***150.00 Principal Place of Business -Mailing Address 10355 N.W. 37TH AVENUE 10355 N.W. 37TH AVENUE MIAMI FL 33012-2679 MIAMI FL 33147 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0796931 Not Applicable Country \$8.75 Additional 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 VALDES, JOAQUIN Street Address (P.O. Box Number is Not Acceptable) 10355 N.W. 37TH AVENUE **MIAMI FL 33147** 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 Agent signature required when reinstating) DATE 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 10. 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 12. 11. Change ☐ Addition Delete TITLE TITLE VALDES, JOAQUIN NAME NAME STREET ADDRESS 10355 N.W. 37TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33147 Change 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 ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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 abother like empowered. SICNATURE

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING