2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107953 Aug 11, 2000 8:00 am Secretary of State 1. Entity Name OLD MEXICO OF MARIANNA, INC 08-11-2000 90053 018 ***150.00 Mailing Address Principal Place of Business 4434 LAFAYETTE STREET PO BOX 484 MARIANNA FL 31446 **MOULTRIE GA 31776** 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 58-2368442 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 Name -AVALOS, ELISEO --Street Address (P.O. Box Number is Not Acceptable) **4050 BRYIN STREET GREENWOOD FL 32443** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 12. PS ☐ Addition TITLE Change Delete SOLORIO, SANTIAGO R NAME NAME STREET ADDRESS STREET ADDRESS 114 N EUFAULA AVE CITY-ST-ZIP CITY-ST-ZIP EUFAULA AL 36027 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ 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 addisease with all other like empowered.

SIGNATURE COURED

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AHachment 0H P97000 107953 0W78363

August 8, 2000

Florida Department of State Division of Corporation PO Box 1500 Tallahassee, Fl 32302-1500

Attached please find a copy of the form and check that was mailed on 4-30-2000 in the amount of \$150.00. That check has not cleared out bank so we are sending a replacement check.

Thanking you in advance.

Old Mexico of Marianna, Inc.