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2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an addre

all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P98000006423 PLO ENTERPRISES, INC. 04-04-2001 90070 050 ***150.00 Principal Place of Business Mailing Address 717 ESPANOLA WAY #110 717 ESPANOLA WAY #110 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Busines Mailing Address 16546 NE 26 16546 NE 26 Avenue Hvenve Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 3-H Suite 3-H Applied For ity & State 4. FEI Number 65-0805909 Not Applicable \$8.75 Additional 33160-4060 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7-Name and Address of New Registered Agent change of _> Address only. PEDRO L ORDEIN, PEDRO L D. Box Number is Not Acceptable) NE 26 AVENUE 717 ESPANOLA WAY #110 MIAMI BEACH FL 33139 Zip Code 33160-4061 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 DATE 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, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. Change Addition CR2E034 (10/00) DP Delete TITLE TITLE Ordein Pedro L. 16546 NE 26 Ave #3-H ORDEIN, PEDRO L NAME NAME address STREET ADDRESS 717 ESPANOLA WAY #110 STREET ADDRESS hange North Miami Beach, FL 33160-4060 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 only TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete · Change · Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete 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-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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