## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 25, 2000 8:00 am Secretary of State DOCUMENT # P98000014388 1. Entity Name REGRAFCO, INC. 01-25-2000 90100 019 \*\*\*150.00 Principal Place of Business Mailing Address 10791 NW 17TH ST. 10791 NW 17TH ST. PLANTATION FL 33322 PLANTATION FL 33322-6466 NOULLUON 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 65-0819612 Not Acolicate Zip Country 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 RODNIGUEZ HELY RODRIGUEZ-HELY Street Address (P.O. Box Number is Not Acceptable) 140 S.W. 96TH TERRACE, #303 PLANTATION FL 33324 10791 NW 17th ST. 8. The above named exity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 -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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE ☐ Change Addition RODRIGUEZ, HELY NAME 140 S.W. 96TH TERRACE, #303 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 TITLE **K** Delete ☐ Change ☐ Addition RODRIGUEZ, PEDRO NAME NAME STREET ADDRESS 140 S.W. 96TH TERRACE, #303 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition 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. Rodnibuzz 1-18-00 (954)

SIGNATURE: