2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # **P98000018303** Apr 12, 2000 8:00 am Secretary of State PRONTO EXPORT CORPORATION 04-12-2000 90151 032 ***150.00 Principal Place of Business 4789 NW 72ND AVENUE 4408 N.W.74AVE C/O PEREZ BAHAR & ASSOC INC 14730 NE 10TH AVE MIAMI FL 33166 N MIAMI FL 33161-2454 2. Principal Place of Business 3. Mailing Address <u>PEREZ BEHAR & ASSOC., P.A.</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 13935 NW 1st AVENUE City MIAMI, FLORIDA 33168 4. FEI Number Applied For City & State 65-0817320 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HATEL A 4408 N.W. 74AVE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33166 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) 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. ☐ Addition **PSTD** ☐ Change Delete TITLE TITLE GARCIA, RENE A 4783 NW 72ND AVENUE # 4408 Nw. 74AVE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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.

ene A Garcia