APPROVED TO 1917 O UNIFORM BUSINESS REPORT (UBR) MENT # P980000 30390 1. Entity Name LUCERO Billing COMPANY. 00 JUN - 9 PH 1:22 11400 W Flagler ST #110 11400 W Flagler ST #110 Principal Place of Business SECRETARY OF STATE TALLAHASSEE, FLORIDA 2. Principal Place of Business 11400 W Flaglar ST 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 110 Applied For City & State Not Applicable 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 IVAN AlejANDRO OTERO 11400 W Flagler ST #110 Nama Street Address (P.O. Box Number is Not Acceptable) MIAMI Al 33114 Zip Code 8. The above named entity submits this spacement for the purpose of changing its registered office or registered agent, or both, in the State of Florida IVAN A. OleRU SIGNATURE FILE NOWIII FEE (\$)\$150:00

After MAY 1: 2000 Fee will be:\$550:00

Make Check Payable to Department of State 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filling requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE Change ☐ Delete AN A OTERO NAMÉ 11400 W Flagler ST # 110 MIAMI F1 33174 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP Addition TITI F ☐ Delete HILE NAME NAME 200003291142--0 -06/15/00--01060--018 STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY+ST-ZIP ****150.00 _ ****150~00 ☐ Delete TITLE BILE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CHY-ST-ZIP 🔲 Change 🇖 🔲 Addition INLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-7IP Addition Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRU'S CITY-ST-ZIP CITY ST-20 13. I hereby certify that the information supplied with his 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 by frue 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 of trustee empowered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 of changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR



PG. rate

June 8, 2000

LUCERO BILLING COMPANY 11400 W Flagler St. #110 Miami, Fl 33174

Division of Corporations **Att: Annual Reports** PO BOX 6327 Tallahassee, FL 32302

To Whom It May Concern:

Enclosed you will find a check for \$150.00 for the corporation annual fee of LUCERO BILLING COMPANY, Document #P98000030390. This payment is for the 2000 annual report. The reason in which I did not pay this fee this year is because I did not receive the first annual report renewal form in the mail. Please verify our mailing address on your records to clear any discrepancies. Your cooperation in accepting this as a full payment without any other additional costs will be greatly appreciated. Thank you for your time and attention concerning this matter.

Sincerely,

IVAN ALEXANDER OTERC