| NAME  | 2001 UNIFORM BUSINESS REPORT (UBR) |   |  |   |                        |                           |                      | FIL  | ED                                      |                             |             |             |
|---|------------------------------------|---|--|---|------------------------|---------------------------|----------------------|--|---|-----------------------------|-------------|-------------|
| WESTON TO NOT WE  | 1. Entity Name                     |   |  |   |                        |                           | 1 <del>-</del> '     |  |   |                             |             |             |
| 2. Principal Pace of Business   1, Mailing Address   1, 185 CORDINATO PROAD   1, 185 CORDINATO P  | <u>-</u>                           |   |  | •   |                        |                           |                      |  |   |                             |             |             |
| Sulle, Apt. #, etc.   Sulle, Apt. #, etc.   DO NOT WRITE IN THIS SPACE  |                                    | FL  |  |   |                        | FL                        |                      |  |   |                             |             |             |
| City & State    City & State   Country   Zip   Country   S. Cartificate of Situs Deprind   S8.75 Additional of State   S8.75 Additional of S8.75 A  | 2. Principal Pi                    | lace of Business  | 3. M   | 3. Mailing Address 1488 CORONADO ROAD                                     |                        |                           |                      |  |   |                             | -           |             |
| Signar squirement and elects to do so.  Signar  | Suite, Apt.                        | #, etc.   | Su   | uite, Apt. #, etc.  |                        |                           |                      | DO NOT   | WRITE IN THIS S                         | PACE                        | –           |             |
| 2. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. Name and Address of New Registered Agent  8. Name and Address of New Registered Agent  8. The above named entity submits this statement for the purpose of changing its registered or registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the purpose of changing its registered or registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the purpose of changing its registered does or registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the purpose of changing its registered of the registered agent a  | City & State                       | 9   |  | •   |                        | FL                        |                      |  |   |                             | •           | Ì           |
| S. Name and Address of Current Registered Agent  MENISKS LEOPOLIDO  See Address (FO GER Namber is Not Acceptable)  1418 NW 82 AVE  City FL Zip Code 33327  6. 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 specify priced size of registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to sastisy its Intangible Task filling requirement and elected to do so.  (See criteria on back)  10. CFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TILE  13. MENESSES LEOPOLDO  14. STREET ADDRESS  14. OFFICERS AND DIRECTORS  15. SIREET ADDRESS  16. STREET ADDRESS  17. STREET ADDRESS  1  | Zip                                | Country   |  | •   | Coun                   | try                       |                      |  |   | 8.75 Add                    | litional    | -           |
| Name    |                                    | 6. Name and Address of C  |  |   | L.,                    | 1                         | 7                    | . Name and Address of N  |   |                             | <u> </u>    | -           |
| Signature. Joed or present range of registered agent, or both, in the State of Florida.  Signature. Joed or present range of registered agent, or both, in the State of Florida.  Signature. Joed or present range of registered agent age  | 1408 NW 82                         |   |  |   | -                      | MENESE<br>Street Ad       | ES Li<br>ddress (P.O | EOPOLDO  . Box Number is Not Accep   |   |                             |             | -           |
| 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, toped or princed rame of registered agent and title it applicable.  |                                    |   |  |   |                        | N                         |                      | FL   | , .                                     | <u></u>                     | •           |             |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  IN  | SIGNATURE _                        |   |  | •   |                        |                           | -                    |  | - 04/19/                                | 2001                        |             |             |
| TITLE D   Delete   TITLE   D   MENESES   LEOPOLDO   MAME   MENESES   MEN  | 9. This corpo                      | oration is eligible to satisfy its Integration and elects to do so.                               | angible  | FILE NOW!   | II FEE                 | IS \$150.0<br>will be \$5 | 00<br>50.00          | 10. Election Campaig   | gn Financing                            |                             |             |             |
| MAME MENESES LEOPOLDO JAMB NW \$2 AVE STREET ADDRESS OTTY-ST-ZIP  TITLE MAME STREET ADDRESS OTTY- | 1                                  |   | S AND DIRECT   | ORS   | 12.                    |                           |                      | ADDITIONS/CHANGES TO   | OFFICERS AND                            | DIRECTORS                   | 3 IN 11     | 1_          |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM  | NAME<br>STREET ADDRESS             | MENESES LEOPOLD 1408 NW 82 AVE  | О  |   | NAM!<br>STRE           | E<br>ET ADDRESS           | MENESE<br>1488 CO    | RONADO ROAD  | FL                                      | _ •                         | ☐ Addition  | 034 (11/00) |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRES  | NAME<br>STREET ADDRESS             |   |  | ☐ Delete  | NAMI<br>STRE           | e<br>et address           |                      |  |   | ☐ Change                    | Addition    | CR2E(       |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRES  | NAME<br>STREET ADDRESS             |   |  | □ Delete  | NAM!<br>STRE           | e<br>et address           | ·                    |  |   | ☐ Change                    | Addition    |             |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS 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 emovement the second are required by Chapter 607. Florida Statutes and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee emovement this report are required by Chapter 607. Florida Statutes and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee emovement this report are required by Chapter 607. Florida Statutes and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee emovement the second are required by Chapter 607. Florida Statutes and the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of trustee emovement to second a corporation of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of trustee emovement to be corporated.  | NAME<br>STREET ADDRESS             |   |  | ☐ Delete  | NAMI<br>STRE           | E<br>ET ADDRESS           |                      |  |   | Change                      | Addition    |             |
| NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS 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 properties true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct of the corporation or the receiver or trustee empowered to execute this report of the properties that I am an officer or direct of the corporation or the receiver or trustee empowered the securate his report of the properties of the corporation of the receiver of the securate his report of the properties of the corporation of the receiver of the securate and the properties of the corporation of the receiver of the securate and the properties of the corporation of the receiver of the securate and the properties of the corporation of the receiver of the securate and the properties of the corporation of the receiver of the security of the properties of the corporation of the receiver of the properties of the corporation of the receiver of the properties of the corporation of the receiver of the properties o  | NAME<br>STREET ADDRESS             |   |  | ☐ Delete  | NAMI<br>STRE           | E<br>ET ADDRESS           |                      |  |   | Change                      | ☐ Addition  |             |
| indicated on this report or supplierrental report is true and accurate and mat my signature shall have the same legal effect as if made under oath; that I am an officer or direct of the comporation or the receiver or trustee empowered to ever the bis conditions the receiver or trustee empowered to ever the bis conditions.   | NAME<br>STREET ADDRESS             |   |  | ☐ Delete  | NAMI<br>STRE           | E<br>ET ADDRESS           |                      |  |   | Change                      | Addition    |             |
| SIGNATURE: LEOPOLDO MENESES D 04/19/2001  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Desture Phone #   | of the corp<br>changed,            | or this report of suppliemental poration or the receiver or truste or on an attachment with an ad | eport is true an<br>e empowered i<br>dress, with all c | ic accurate and that r<br>to execute this report<br>other like empowered. | ny signat<br>as requir | ture shall ha             | ava tha com          | ne legal effect as if made ur<br>orida Statutes; and that my<br>D 04/19/2001 | nder oath; that I at<br>name appears in | m an officer<br>Block 11 or | ar disastar | 1           |

Daytime Phone #