2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachm

SIGNATURE:

DOCUMENT # **P98000034956** Jan 27, 2000 8:00 am Secretary of State PAGE NATION, INC. 01-27-2000 90071 050 ***150.00 Mailing Address Principal Place of Business 300 NW 107 AVE. #208 300 NW 107 AVE. #208 MIAMI FL 33172-3871 MIAMI FL 33172 7000VI 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0829530 Not Applicable Country Zip 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 MONTALVO, PEDRO A Street Address (P.O. Box Number is Not Acceptable) 300 NW 107 AVE, #208 MIAMI FL 33172 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 ☐ Delete TITLE TITLE MONTALVO, PEDRO A NAME NAME STREET ADDRESS STREET ADDRESS 300 NW 107 AVE, #208 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NĀME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP hed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 is a physowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the specific product of the same appears in Block 11 or Block 12 if the specific product of the same appears in Block 11 or Block 12 if the specific product of the same appears in Block 11 or Block 12 if the same appears in Block 11 or Block 12 if the same appears in Block 11 or Block 12 if the same appears in Block 11 or Block 12 if the same appears in Block 11 or Block 12 if the same appears in Block 11 or Block 12 if the same appears in Block 11 or Block 12 if the same appears in Block 11 or Block 12 if the same appears in Block 11 or Block 12 if the same appears in Block 11 or Block 12 if the same appears in Block 11 or Block 12 if the same appears in Block 11 or Block 12 if the same appears in Block 11 or Block 12 if the same appears in Block 11 or Block 12 if the same appears in Block 11 or Block 12 if the same appears in Block 12 if the s I hereby certify that the information indicated on this report or suppler

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO