2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 14, 2000 8:00 am DOCUMENT # P98000045854 1. Entity Name **Secretary of State** EAST MANAGEMENT, INC. 03-14-2000 90079 022 ***150.00 Principal Place of Business Mailing Address 2588 S.W. 27TH AVE. 2588 S.W. 27TH AVE. MIAMI FL 33133-2143 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0837864 Not Applicable \$8.75 Additional Zip Country 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 VCALDES, JORGE P JR Street Address (P.O. Box Number is Not Acceptable) 2588 S.W. 27TH AVE. **MIAMI FL 33133** 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 DATE (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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE VALDES, JORGE P JR. NAME P.O. BOX 660662 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI SPRINGS FL 33266 Change Addition ☐ Delete TITLE VALDES, OLGA L JR. NAME NAME P.O. BOX 660662 STREET ADDRESS STREET ADDRESS MIAMI SPRINGS FL 33266 CITY-ST-ZIP CITY-ST-ZIP Change __ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET-ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition De ete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE De'ete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐☐ Change ☐ Addition Delete TITLE TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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 applications 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 region for 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY- ST- ZIP

SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2000 30/887

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