2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000047838** Jan 14, 2000 8:00 am **Secretary of State** ROSARIO KENNEDY & ASSOCIATES CORP. 01-14-2000 90052 042 ***150.00 Mailing Address Principal Place of Business 2501 SOUTH BAYSHORE #PHI 2601_SOUTH-BAYSHORE-#PH1 COCONUT-GROVE-FL-33133-5443-COCONUT GROVE FL 39193 2. Principal Place of Business 3. Mailing Address 2645 S. BAYSHORE DR SAME DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. EAME #2002 Applied For City & State 4. FEi Number 65-0838421 DEPMIT-GROVE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DUARTE-VIERA, ANIBAL J Street Address (P.O. Box Number is Not Acceptable) 3211 PONCE DE LEON SUITE 202 CORAL GABLES FL 33134 Zip Code 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, 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 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE ☐ Change ☐ Delete TITLE KENNEDY, ROSARIO NAME 2645 South Boyshore Dr # 2002 NAME 2601-60UTH BAYSHORE #PIFT STREET ADDRESS STREET ADDRESS COCONUT GROVE F1.33133 CITY-ST-ZIP CITY-ST-ZIP COCONUIT-CROVE-EL-93133 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition | ☐ Change Delete TITLE === TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARD OFFICER OR DIRECTOR