DOC	UNIFORM BUS		ORT (UBI	R)
1. Entity N	vame			1002
Cuafco and Associates,			s, Inc	. FILED
Principal Place of Business Mailing Address				00 OCT 20 AM IO: 19
2174 NW 24 CT.				SECRETARY OF STATE TALLAHASSEE FLORIDA
	Miami, FL			TALLAHASSEE FLURIDA
2. Principal Place of Business 3. Mailing Address			" 	-CO-MIRO
Suite, Apt. #, etc.		Suite, Apt. #, etc:		
City & State		City & State		423 44 46020607100
Zip	Country			4. FE Number Applied For Not Applicable
	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current F	· · · · · · · · · · · · · · · · · · ·	Name	7. Name and Address of New Registered Agent
Rene L. Dia: 2174 NW 24			Street Ad	Idress (P.O. Box Number is Not Acceptable)
	Miami 1 FL	33142		
	param, i		City	FL Zip Code
8. The above	ve named entity submits this statement for	the purpose of changing its	registered office or re	registered agent, or both, in the State of Florida.
SIGNATURE	Signature, typed or printed name of registered agent an	id little it applicable (NOTI	E: Registered Agent signature	s réquired when reinstating) DATE
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Tax filing requirement and elects to do so. After MAY 1, 200			II FEE IS \$150.00 00 Fee will be \$55 le to Department of	0.00 \$5.00 May Be
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	Rene L. Diaz	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	V/T/D / PC JS Relman Digz 24 CT.	☐ Delete	TITLE NAME STREET ADDRESS	50000344781845-013 -11/01/0001113013
CITY - ST - ZIP	Miami, FL 3314	2	CITY-ST-ZIP	****150.80 ****150.80
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	. TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS DITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
or the corp	ertify that the information supplied with this on this report or supplemental report is tru poration or the receiver or trustee empower or on an attachment with an address, with	rod to discust this and and	he exemption stated i	in Section 119.07(3)(i), Florida Statutes, I further certify that the formation the same legal effect as if made under oath, that I am an of the same director r 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if
SIGNATI	UDE:/ /\ \	\sim \sim	1 ン)	

CUAFCO AND ASSOCIATES, INC. DOC.#P98000050129

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND A COMPLETED UNIFORM BUSINESS REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

(I FURTHER STATE THAT I HAVE NOT RECEIVE ANY-NOTICE FROM YOUR OFFICE OF THIS YEARS REPORT, I TRIED TO DO A TRANSACTION WITH THE MY BANK FOR A LOAN AND WAS TOLD THAT MY CORPORATION WAS NOT CURRENT DUE TO A MISSING FEI NUMBER. I HAVE ENCLOSED A COPY OF THE CHECK THAT WAS PAID TO YOUR OFFICE. WOULD REALLY APPRECIATE YOUR HELP IN RESOLVING THIS MATTER THAT IS IMPORTANT TO ME.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

RELMAN DIA PRESIDENT