3/1/00-90052-012-$150.00-$150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052495

FILED
00 MAR 20 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Entity Name
SAN PEDRO INVESTMENTS INC.

Principal Place of Business	Mailing Address
1840 WSET 49 STREET SUITE 605 HIALEAH FL 33010	2333 BRICKELL AVE MEZZANINE SUITE MIAMI FL 33129-2435

2. Principal Place of Business	3. Mailing Address
10202 SW 16 STREET	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL	City & State
Zip: 33025 Country: USA	Zip Country

4. FEI Number 65-0826908 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALEK, FARHAD
2333 BRICKELL AVE MEZZANINE SUITE
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name: BEDOYA, LUZ
Street Address (P.O. Box Number is Not Acceptable): 10202 SW 16 STREET
City: PEMBROKE PINES FL Zip Code 33025

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] 2/22/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEDOYA, LUZ E 2333 BRICKELL AVE MEZZANINE SUITE MIAMI FL 33129	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEDOYA, LUZ E. 10202 SW 16 STREET PEMBROKE PINES, FL 33025	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANDOVAL, LUIS H 1840 WEST 49 STREET HIALEAH FL 33010	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANDOVAL, LUIS H. 10202 SW 16 STREET PEMBROKE PINES, FL 33025	☒ Change ☐ Addition
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 CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: [signature] 2/22/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #