2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

May 05, 2003 8:00 am 3 Secretary of State DOCUMENT # P98000053039 1. Entity Name 05-05-2003 90724 018 ***158.75 **B & L INTERNATIONAL CORP.** Principal Place of Business Mailing Address 14671 SW 39TH COURT 14671 SW 39TH COURT TT040099 MIRAMAR FL 33027 MIRAMAR FL 33027 2. Principal Place of Business 3. Mailing Address ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0851626 Not Applicable \$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 Name LIS. MELISSA Street Address (P.O. Box Number is Not Acceptable) 14671 SW 39TH COURT MIRAMAR FL 33027 City 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. I am familiar with, and accept the obligations of registered agent. 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 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Addition ☐ Delete LIS, MELISSA 4331 SW 160 Ave. Apt. 102 NAME NAME LIS. MELISSA STREET ADDRESS STREET ADDRESS 14671 SW 39TH COURT CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33027-3722 TITLE ☐ Delete TITLE Change Addition NAME MARKE DEL SOCORRO LIS, MARIA STREET ADDRESS STREET ADDRESS 1985 S. OCEAN DR. #6K CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 Change TITLE Delete TITLE ☐ Addition NAME NAME BORDA, GUSTAVO E STREET ADDRESS STREET ADDRESS 1985 S. OCEAN DR #6K CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 TITLE TITLE ☐ Defete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if

FILED