## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # P9800057342 OCHOLATINO, INC. 05-10-2001 90045 009 \*\*\*158.75 Principal Place of Business Mailing Address 104 BOABADILLA ST. 4705 S.W. 74TH AVE. MIAMI FL 33155 **CORAL GABLES FL 33134** 3. Mailing Address 112 BOHBAGUA ST 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0853374 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAEZ, CLARA, 111 CIBAO CT CORAL GABLES FL 33132 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. Delete ☐ Change TITLE EDUARDO OCHOA TITLE PAEZ, CLARA NAME NAME 112 BONBAUMAST 111 CIBAO CT STREET ADDRESS STREET ADDRESS EDUARDO OCHOA CORAL GABLES FL 33134 CITY-ST-7IP CITY-ST-ZIP ☐ Change Delete TITLE MACIEL, ANA M NAME 112 BOADADILLA ST 104 BOADILLA ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33132 CITY-ST-ZIP EDUARDO OCHOA TITLE TITLE SOSA, CIRO NAME NAME 112 BOABACILLA ST 112 CIBAO CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33132 CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4-21-01 3014