Mar 30, 2000 8:00 am Secretary of State

Applied For

Not Applicable

2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P98000059061 1. Entity Name GARMIZO'S, INC. 03-30-2000 90054 009 ***150.00 Principal Place of Business Mailing Address 5821 HOLLYWOOD BLVD. 5821 HOLLYWOOD BLVD. SUITE 200 SUITE 200 HOLLYWOOD FL 33021-6327 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State 65-0847342 Country \$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 FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) FILE NOW!!! FEE IS \$150.00

Tax filing requirement and elects to do so. (See criteria on back)			After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State			Trust Fund Contribution. Solution Selection Campaign Financing \$5.00 May Be Added to Fees		
1. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TLE AME TREET ADDRESS ITY-ST-ZIP	D Garmizo, Jaime 5821 Hollywood Blvd. Hollywood Fl 33021		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
tle Ame Ireet address Ity-st-zip	D GARMIZO, MANUEL 5821.HOLLYWOOD BLVD. HOLLYWOOD FL 33021		☐ Deliste	TITLE NAME - STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TLE Ame Treet address Ty-St-Zip	D GARMIZO, SOFIA 5821 HOLLYWOOD BLVD. HOLLYWOOD FL 33021		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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TLE AME TREET ADORESS TY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-7IP