FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 29, 2001 8:00 am DOCUMENT # P98000060435 **Secretary of State** LOS RANCHOS OF SAWGRASS, INC. 03-29-2001 90370 044 ***158.75 Principal Place of Business Mailing Address 125 S.W. 107TH AVENUE 125 S.W. 107TH AVENUE MIAMI FL 33144 MIAMI FL 33144 1.5 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0855800 Not Applicable Country Country \$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 Wong, Juan Jr. Street Address (P.O. Box Number is Not Acceptable) 125 S.W. 107TH AVENUE **MIAMI FL 33144** Zip Code City 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, 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. 12. ☐ Addition CR2E034 (10/00 TITLE ☐ Delete TITLE ☐ Change SOMOZA, JULIO NAME STREET ADDRESS 125 S.W. 107TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33144** ☐ Change Addition TITLE ☐ Delete TITLE WONG, JUAN JR. NAME NAME 125 S.W. 107TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33144 ☐ Delete ☐ Addition TITLE TITLE QUANT, ABRAHAM NAME NAME 125 S.W. 107TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33144 TITLE ☐ Delete TITLE ☐ Addition SOMOZO, CARLOS L NAME NAME STREET ADDRESS 9200 SW 102 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.