2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 14, 2001 8:00 am DOCUMENT # P98000067534 Secretary of State 1. Entity Name VERA INVESTMENT, INC. 05-14-2001 90254 048 ***158.75 Principal Place of Business Mailing Address 3421 SW 107 AVE 3421 SW 107 AVE LUUb3 ((.)3 MIAMI FL 33165 MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0856754 Not Applicable Zip Country Zip 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 **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 3421 SW 107 AVE **MIAMI FL 33165** 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. 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. CR2E034 (10/00) ☐ Delete TITLE TITLE VERA, MANUEL G NAME NAME 9701 SW 59 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** ☐ Change ☐ Addition TITLE Delete TITLE VERA, EVA V NAME NAME STREET ADDRESS STREET ADDRESS 3110 SW 102 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33165 ☐ Addition TITLE ☐ Delete VERA, Maria T. MARIA, T NAME NAME 13224 SW 40 TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** ☐ Change ☐ Addition ☐ Delete -TITLE TITLE VERA, MANUEL G NAME NAME STREET ADDRESS 3110 SW 102 AVE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33165** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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-7IP In this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and docurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the indicated on this report ation supplied w plemental repor of the corporation or the changed, or on an attac omer like empowered.

ME OF SIGNING OFFICER OR DIRECTOR