2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 10, 2001 8:00 am DOCUMENT # **P98000073355** Secretary of State HASAC COMPANY, INC. 05-10-2001 90066 007 ***150.00 Principal Place of Business Mailing Address 2142 NW 99TH AVE. 2142 NW 99TH AVE. MIAMI FL 33172 MIAMI FL 33172 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 65-0895547 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HUERTAS, CARLOS E HERTAS, CARLOS E Street Address (P.O. Box Number is Not Acceptable) 9753 NW 52 ST 9755 NW 52ST APT# 514. **APT# 514 MIAMI FL 33178** MIAMI 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. Change ☐ Addition X Delete TITLE TITLE NAME NAME HUERTAS, CARLOS E HUERTAS, CARLOS H STREET ADDRESS 9755 NW 52 STAPT 514 STREET ADDRESS CALLE 60 NO.38-76,APT.401 BOGOTA,DISTRITO CITY-ST-ZIP CITY-ST-ZIP MIANI, FLORINA 33178 CAPITL COLOMBIA ■ Addition X Delete TITLE TITLE HUERTAS, CARLOS NAME NAME MARTINEZ, CARLOS H CRA 68 D # 12 B-39 INT 3. STREET ADDRESS STREET ADDRESS CALLE 60 NO.38-76, APT. 401 BOGOTA, DISTRITO CITY-ST-7IP CITY-ST-ZIP CAPITL COLOMBIA BOGOTA - COLOMBIA ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

CARLIOJ E HUERHAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR