2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 22, 2000 8:00 am Secretary of State DOCUMENT # P98000075925 MARGUARITA HERNANDEZ, P.A. 08-22-2000 90220 018 ***150.00 11350 NW 7TH ST 11350 NW 7TH ST PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business Mailing Address 8592 U Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 910 9 Applied For City & State 4. FEI Number 65-0873509 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNANDEZ, MARGUARITA Street Address (P.O. Box Number is Not Acceptable) 8320 W. SUNRISE BLVD. SUITE 100 **PLANTATION FL 33322** 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (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 Change SPVT Delete TITLE TITLE NAME HERNANDEZ. MARGUARITA NAME STREET ADDRESS STREET ADDRESS 8320 W. SUNRISE BLVD. SUITE 100 CITY-ST-7IF CITY-ST-ZIP PLANTATION FL 33322 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change TITLE NAME NAME

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: SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP

Date Daytime Phone #

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00080433 # P98000075925 Dejantment of Sta accordingly to one consideration 7 8-17 - 2000 L'ang en Jusenes Hefr Ludos out of town or Halso alsonge Hernandez Margar 8592W. Sunsise Bla Klantating Ja 3 I'm cooking to please accept my Oheck for \$150. Jos Tement

Attachment Dt pagouursan