2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000079617 Mar 01, 2000 8:00 am 1. Entity Name **Secretary of State** PAEZ BROTHERS, INC. 03-01-2000 90091 033 ***150.00 Principal Place of Business Mailing Address 7720 SW 117TH ST. 7720 SW 117TH ST. MIAMI FL 33156-4429 MIAMI FL 33156 U G G No B LANG 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 65-0862986 Not Applicable Zip Zip Country **\$8.75** Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PAEZ. RAFAEL Street Address (P.O. Box Number is Not Acceptable) 7720 SW 117TH ST. **MIAMI FL 33156** Zip Code City FL 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, 2000 Fee will be \$550.00 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. Change ☐ Addition TITLE ☐ Delete TITLE PAEZ, RAFAEL A NAME STREET ADDRESS 7720 SW 117TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33156** TITLE Change ☐ Addition ☐ Delete TITLE PAEZ, JOSE LUIS NAME NAME CALLE 2 RES. MIRAVILA PISO 9 APT, 91B STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CARACAS, VENEZUELA Change ☐ Addition ☐ Delete TITLE TITLE PAEZ, FRANCISCO J NAME NAME AVE. PRINCIPAL DE MONTECRISTO APT. 31 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CARACAS, VENEZUELA Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 of 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 accurate with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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