## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 16, 2000 8:00 am Secretary of State DOCUMENT # P98000079790 1. Entity Name COOK, HERNANDEZ & CO., INC. 03-16-2000 90085 012 \*\*\*150.00 Principal Place of Business Mailing Address 1153 NW 98TH TERRACE 1153 NW 98TH TERRACE PEMBROKE PINES FL 33024-4329 PEMBROKE PINES FL 33024 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0875820 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Hernano COOK, CORYDON C Street Address (P.O. Box Number is Not Acceptable) 1153 NW 98TH TERRACE PEMBROKE PINES FL 33024 ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above name entity submits (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD Delete TITLE Change ☐ Addition TITLE COOK, CORYDON C NAME NAME STREET ADDRESS STREET ADDRESS 1153 NW 98TH TERRACE CITY-ST-ZIP CITY-ST-7IP PEMBROKE PINES FL 33024 Change Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME HERNANDEZ, DELIA STREET ADDRESS 2225 WEST 60TH STREET, SUITE 107 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HIALEAH GARDENS FL 33016 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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.

SIGNATURE:

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAM OFFICER OR DIRECTOR.

Date

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