2000 UNIFORM BUSINESS REPORT (UBR) FILED May 08, 2000 8:00 am Secretary of State DOCUMENT # **P98000082880** 1. Entity Name E&G BOCA, INC. 05-08-2000 90064 023 ***150.00 Mailing Address Principal Place of Business 4221 S.W. 60TH PLACE 4221 S.W. 60TH PLACE MIAMI FL 33155 MIAMI FL 33155-5229 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0866456 Not Applicable Zip Country 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 Name ESPINEIRA, ENRIQUE Street Address (P.O. Box Number is Not Acceptable) 4221 S.W. 60TH PLACE **MIAMI FL 33155** Zip Code City FI 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2000 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 12. 11. ☐ Change TITI F ☐ Delete TITLE NAME ESPINEIRA, ENRIQUE STREET ADDRESS STREET ADDRESS 4221 S.W. 60TH PLACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** ☐ Change Addition TITLE Delete TITLE NAME NAME LLANO, MARIO 4221 S.W. 60TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP **MIAMI FL 33155** Change **Delete** Addition TITLE TITLE LLANO, PATRICIA NAME NAME STREET ADDRESS STREET ADDRESS 4221 S.W. 60TH PLACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 ☐ Delete TITLE Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ 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:

YPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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