2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 25, 2000 8:00 am Secretary of State DOCUMENT # P98000088325 1. Entity Name ZONE 2,000, INC. 08-25-2000 90003 003 ***550.00 Mailing Address Principal Place of Business 19351 N.W. 45TH AVENUE 19351 N.W. 45TH AVENUE OPA LOCKA FL 33055-2107 OPA LOCKA FL 33055-2107 2. Principal Place of Business 3. Mailing Address 1401 NW.11AVE 1401 N.W 17 AVF. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0870654 **Λ**ιΑ γ\... Not Applicable Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired \Box 3125 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANTANA ALVAREZ, MAYTE Street Address (P.O. Box Number is Not Acceptable) 19351 N.W. 45TH AVENUE OPA LOCKA FL 33055-2107 SULTE City this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE rinted name of registered agent and title if applicable. (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 Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TITLE FRANK G. SANTANA #2 SANTANA, FRANK G ΝΔΜΕ NAME STREET ADDRESS 19351 N.W. 45TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OPA LOCKA FL 33055-2107 VSTD Addition Channe TITLE Delete ALVAREZ, MAYTÉ NAME NAME STREET ADDRESS STREET ADDRESS 19351 N.W. 45TH AVENUE CITY-ST-ZIP CITY-ST-ZIP OPA LOCKA FL 33055-2107 MILECTOLS ☐ Change Addition ☐ Delete TITLE AKISHNA NAME NAME 1401 N.W. 1) AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Detete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TERE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information sympliced 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 of 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 of director of the corporation or the receiver of vustee impowered 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

7/7/2000

<u> 305-326-7772</u>

☐ Addition

Daytime Phone #

☐ Change