## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P98000088665** Jul 18, 2000 8:00 am Secretary of State AMERICAN HOUSEHOLD PRODUCTS, INC. 07-18-2000 90086 008 \*\*\*550.00 Mailing Address Principal Place of Business 888 BRICKELL AVENUE 888 BRICKELL AVENUE 5TH FLOOR 5TH FLOOR MIAMI FL 33131-2913 MIAMI FL 33131 3. Mailing Address 4430 E. 10th Lane 2. Principal Place of Business 4430 E. 10th Lane Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 65-08703APPLIED FOR Applied For City & State City & State 4. FEI Number Hialeah, FL Hialeah, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33013 U.S.A. 33013 -U.S.A. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FILINGS, INC. Street Address (D Not Acceptor Ţ. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311 Zin 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 \$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 11. Change Addition Raul-Aguilera ☐ Delete TITLE TITLE 4430-E. 10th Lane NAME Parada, Raul A NAME Hialeah, FL 33013 STREET ADDRESS 888 BRICKELL AVENUE, 5TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131無常 والمناسك Change Addition ☐ Delete TITLE Carlos A. Perez NAME ZUNIGA, CARLOS A NAME 4430 E. 10th Lane Hialeah FL 33013 STREET ADDRESS 888 BRICKELL AVENUE, 5TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Delete TITLE ☐ Change ☐ Addition DITLE 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 ☐ Change Addition ☐ Delete TITLE 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.

CARLOS A. PEREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: