2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000090908 Jan 19, 2000 8:00 am Secretary of State 1. Entity Name MJM DEVELOPMENT CORPORATION 01-19-2000 90241 043 ***158.75 Principal Place of Business Mailing Address 15591 S.W. 103 STREET 15591 S.W. 103 STREET MIAMI FL 33196 MIAMI FL 33196-2693 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0075813 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6._Name and Address of Current Registered Agent Name ARVESU, MANUEL M Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD. SUITE 920 CORAL GABLES FL 33134 Zip 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE Delete TITLE MORENO, MARIO NAME NAME STREET ADDRESS 15591 S.W. 103 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM) FL 33196 ☐ Addition ☐ Change ☐ Delete TITLE TITLE MORENO, FATIMA NAME NAME STREET ADDRESS STREET ADDRESS 15591 S.W. 103 STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33196** T Addition Fill Change ~ Delete TÎTI FÎ 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 ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE

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 trustes empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607 on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SCHATURE AND TYPED ON PRINTED WASHE OF SIGNING OFFICER OR DIRECTOR

01.12.99

Daytime Phone #