2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with att-

SIGNATURE:

ether like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PALENTUELA

FILED DOCUMENT # P98000094202 May 21, 2000 8:00 am Secretary of State JJPALENZUELA, INC. 05-21-2000 90009 042 ***150.00 Mailing Address Principal Place of Business 6135 N.W. 167TH STREET SUITE E-27. 6135 N.W. 167TH STREET MIAMLEL 3015-4355 MIAMLEL 330 2. Principal Place of Business 3. Mailing Address 2800 WEST 2800 WEST 84 STREET STREET Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 65-0872714 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired DADE Fee Required DADE 33016 <u> 33016</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PALENZUELA PALENZUELA, JESUS Street Address (P.O. Box Number is Not Acceptable) 6135 N.W. 167TH STREET SUITE E-27 MHAMI FL 33015 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. `SIGNATÚRE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 🔭 👯 (See criteria on back) 🔩 \Box Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OP Change ☐ Addition ☐ Delete TITLE TITLE PALENZUELA, JESUS PALENZUELA, TESUS NAME NAME 2800 WEST 84 STREET, SULTY HEALLAN, FL 33016 STREET ADDRESS 6135 N.W. 167TH STREET SUITE E-27 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33015 ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete 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