2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000094209 Apr 26, 2000 8:00 am Secretary of State READY GROVES CORP. 04-26-2000 90163 030 ***150.00 Mailing Address Principal Place of Business 7135 S.W. 92ND COURT 7135 S.W. 92ND COURT MIAMI FL 33173-2338 MIAMI FL 33173 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0877033 Not Applicable Zip 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 SUAREZ, JUAN J Street Address (P.O. Box Number is Not Acceptable) 7135 S.W. 92ND COURT **MIAMI FL 33173** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE 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 ☐ Addition ☐ Delete TITLE TITLE SUAREZ, JUAN J NAME STREET ADDRESS 7135 SW 42 CT STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE SUAREZ, TERESA NAME NAME STREET ADDRESS 7135 SW 92 CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** ☐ Change Addition ☐ Delete TITLE TITLE ÑAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition 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 ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00 305-595-368

Daytime Phone #