2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P98000105514 May 12, 2000 8:00 am Secretary of State EDWIN RIVERA DRAFTING SERVICE, INC. 05-12-2000 90082 043 ***150.00 Principal Place of Business Mailing Address 12 WEST PARK AVE. 12 WEST PARK AVE. LAKE PLACID FL 33852 LAKE PLACID FL 33852-9608 2. Principal Place of Business 3. Mailing Address 1565 Sycamore Ave P.O Box 550 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0882260 Lake Placid, Lake Placid, Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 3<u>3862</u> 33852 USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Edwin Rivera, Jr. RIVERA, EDWIN. -Street Address (P.O. Box Number is Not Acceptable) 1565 Sycamore Ave 12 WEST PARK AVE. LAKE PLACID FL 33852 ^{City} Lake Placid 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible - 2: 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) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TIT1 F D TITLE Addition Delete NAME RIVERA, EDWIN NAME Rivera, Jr. Edwin STREET ADDRESS STREET ADDRESS 12 WEST PARK AVE. 1565 Sycamore Ave CITY-ST-ZIP CITY-ST-ZIP LAKE PLACID FL 33852 Lake Placid, FL 33852 DYOU . TO TITLE ☐ Change X Addition ☐ Delete TITLE Rivera H. Christina RIVERA! ELIZABETH NAME NAME 1565 Sycamore Ave STREET ADDRESS 12 WEST PARK AVE. STREET ADDRESS 33852 Lake Placid, FL CITY-ST-7IP CITY-ST-ZIP LAKE PLACID FL 33852 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ 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 changed, or on an attachment with an address, with all other like empowered.