## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000106982 Apr 18, 2000 8:00 am Secretary of State 1. Entity Name R. & E. AT BRISTOL, INC. 04-18-2000 90213 038 \*\*\*158.75 Principal Place of Business Mailing Address 2460 SW 137 AVE 2460 SW 137 AVE 250 MIAMI FL 33175-6399 **MIAMI FL 33175** US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0883135 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROSADO, LEOCADIA E Street Address (P.O. Box Number is Not Acceptable) 2460 SOUTHWEST 137TH AVENUE SUITE 250 MIAMI FL 33175 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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 12. 11. OFFICERS AND DIRECTORS ☐ Addition PD Change TITLE Delete TITLE ROSADO, RAFAEL NAME NAME 2460 SOUTHWEST 137TH AVENUE SUITE 250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33175 VPD ☐ Change ☐ Addition TITLE □ Defete TITLE ROSADO, LEOCADIA E NAME NAME 2460 SOUTHWEST 137TH AVENUE SUITE 250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP ☐ Change [ ] Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 application of the corporation of the corporation of the corporation of the corporation of the receiver of 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 application of the corporation of the

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.11-06

205-227-7763

Daytime Phone #