## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 15, 2000 8:00 am Secretary of State DOCUMENT # **P99000000353** NAME CHANGEDTO: ADONAL FENCE, INC. ANDES FENCE, INC. 02-15-2000 90005 036 \*\*\*158.75 Mailing Address Principal Place of Business 9239 SW 215TH TERR 9239 SW 215TH TERR MIAMI FL 33189-3814 MIAMI FL 33189 AUU23265 3. Mailing Address 2. Principal Place of Business 6595 N.W. 36 street DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 205-3 Applied For City & State . City & State 4. FEI Number 65-0885665 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3166 DADE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARENA, DANIEL ARENA, DANIEL J Street Address (P.O. Box Number is Not Acceptable) 9239 SW 215TH TERR **MIAMI FL 33189** 100 LAKEVIEW DRIVE - Apt. 116 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) 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. 🔀 Addition PD TITI F VΜ ☐ Delete ARENA, OSCAR R TITLE 100 LAKEVIEW DRIVE - APT 116 NAME ARENA, DANIEL J STREET ADDRESS 9239 SW 215TH TERR STREET ADDRESS WESTON, PL 33326 CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33189 Change ☐ Delete TITLE ARENA, DANIEL J TITLE 100 LAKEVIEW DRIVE - APT 116 NAME NAME STREET ADDRESS STREET ADDRESS WESTON, FL CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ 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-7IP ☐ Change Addition TITLE TITLE Delete 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.

SIGNATURE:

MADIFINACIARE RECUIRE

2-10-00

786-265-0767

Daytime Pho