2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9900001268 Mar 14, 2000 8:00 am **Secretary of State** PACIFIC HOMES INVESTMENT CO. 03-14-2000 90044 030 ***150.00 Mailing Address Principal Place of Business 9856 N.W. 26TH AVE. 9856 N.W. 26TH AVE. MIAMI FL 33147-2128 MIAMI FL 33147 3. Mailing Address 2. Principal Place of Business 30mc 1711 W. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 120 Applied For City & State 4. FEI Number 05-0886843 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 330 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIGUEZ, ODALIS L Street Address (P.O. Box Number is Not Acceptable) 9856 N.W. 26TH AVE. MIAMI FL 33147 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 Added to Fees Trust Fund Contribution. (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 RODRIGUEZ, ODALIŜ L NAME STREET ADDRESS STREET ADDRESS 9856 N.W. 26TH AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33147 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME RODRIGUEZ, JULIO NAME STREET ADDRESS STREET ADDRESS 9856 N.W. 26TH AVE. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33147** ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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.

Des. Olalis L. Brodriguez Pres. 01/08/10 305-825-7003