2000 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2000 8:00 am Secretary of State DOCUMENT # **P99000002201** ALL BRAND'S INTERNATIONAL EXPORTING, IMPORTING & 03-25-2000 90006 020 ***150.00 Principal Place of Business Mailing Address P.O. BOX 661164 6501 HAYES STREET MIAMI SPRINGS FL 33266-1164 HOLLYWOOD FL 33024 C0044281 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FFI Number Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent angulo, eapagu Jose SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 6501 H4YES STREET 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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 nd title if applicable (NOTE: Registered Agent signature required when reinstating) ∍FILÈ 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 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 TITLE ☐ Delete TITLE ANGULO, JOSE R NAME NAME STREET ADDRESS 6501 HAYES STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 ☐ Delete Change ☐ Addition TITLE ANGULO, CLARA B NAME STREET ADDRESS 6501 HAYES STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF HOLLYWOOD FL 33024 ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change — ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE ☐ Delete . ., NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition > C = XOX → E Delete TITLE ☐ Change 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

FILED

IGNATURE: STATES THE THEO OF SERVICE NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Prioris #

changed, or on an attachment with an address, with all other like empowered