## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 13, 2000 8:00 am Secretary of State DOCUMENT # P99000014049 1. Entity Name 3DM GROUP, INC. 09-13-2000 90014 006 \*\*\*558.75 Principal Place of Business Mailing Address 11940 S.W. 78TH TERRACE 11940 S.W. 78TH TERRACE MIAMI FL 33183 MIAMI FL 33183 A0077195 3. Mailing Address 2. Principal Place of Business 13054 S.W. <u>133 CT.</u> 13054 S.W. 133 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0894952 Applied For MIAMI, FL MIAMI, FL Not Applicable Country U.S.A. \$8.75 Additional Χb 5. Certificate of Status Desired 33186 33186 US.A. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FERNANDEZ, JUAN M Street Address (P.O. Box Number is Not Acceptable) 11940 S.W. 78TH TERRACE MIAMI FL 33183 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD TITLE ☐ Change Addition TITLE ☐ Delete FERNANDEZ, JUAN M NAME NAME STREET ADDRESS 11940 S.W. 78TH JERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-2/P MIAMI FL 33183 **VPSD** ☐ Addition ☐ Change TITLE ☐ Delete TITLE CIRERA, PEDRO A NAME NAME STREET ADDRESS STREET ADDRESS 12800 S.W. 112 STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** TITLE ☐ Delete TITLE ☐ Change X Addition PEDRO J. CIRERA 13990 S.W. 20 ST. MIAMI, FL 33175 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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:

SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

PEDRO A. CIRERA

09/11/00

Daytime Phone #

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