## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 13, 2000 8:00 am Secretary of State DOCUMENT # P9900014509 1. Entity Name SAN CARLOS TRADING, INC. 04-13-2000 90087 020 \*\*\*150.00 Principal Place of Business Mailing Address 684 N.W. 126TH COURT 684 N.W. 126TH COURT MIAMI FL 33182 MIAMI FL 33182-2084 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Country 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 MARTINEZ, FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 684 N.W. 126TH COURT MIAMI FL 33182 Zip Code City F١ 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition resident. TITLE ☐ Change TITLE ☐ Delete FRANCISCO MARTINEZ NAME NAME 694 NW 126 CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MiOHI, FL 33182 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 of 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 with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Martinez SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

CR2E034 (9/99)