ZUUU UNIFURM BUJIREJJ REFURI (UBR) DOCUMENT # **P99000015490** FILED t 1. Entity Name Jun 29, 2000 8:00 am MING INVESTMENTS CORPORATION Secretary of State 05-30-2000 90077 039 ***150.00 Principal Place of Business Mailing Address 6043 NW 167TH STREET 6043 NW 1677H STREET UNIT A-14 UNIT A-14 MIAMI FL 33015 MIAMI FL 33015-4342 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Country Zip Country \$8.75 Additional Zip Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Street Address (P.O.: Box Number is Not Acceptable) -- -6043 NW 167TH STREET UNIT A-14 MIAMI FL 33015 City 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, typed or printed name of registered agent and title if applicable. .(NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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. Addition Change Francisco Minso TITLE 6043 NW 16>M st #1-14 MAME STREET ADORESS CITY - ST-ZIP MIRMI FL 33015 ST-ZIP Carmenchu Miggo Addition Change TITLE 6043 ww 167 FSt STREET ADDRESS mian 23015 CITY-SY-ZIP Addition ☐ Change TITLE NAME STREET ADDRESS TIP" CITY-ST-ZIP Addition C Delate THLE NAME STREET ADDRESS CITY-ST-21P ** Delete TITLE NAME STREET ADDRESS CITY-St-70 رون. 🔲 Change Addition TITLE NAME STREET ADORESS CITY-ST-ZIP 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 is report or supplemental report is trike and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if or on an attachment with an address y in all other like er