2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED DOCUMENT # P99000015822 Mar 21, 2000 8:00 am **Secretary of State B&L ENTERPRISES, INC.** 03-21-2000 90061 034 ***150.00 Principal Place of Business Mailing Address 9003 S.W. 81ST DRIVE 8003 S.W. 81ST DRIVE MIAMI FL 33143-6608 MIAM! FL 33143 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 0 896188 Applied For 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 ROIZ, JOSE Street Address (P.O. Box Number is Not Acceptable) 8003 S.W. 81ST DRIVE **MIAMI FL 33143** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE 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 11. 12. ☐ Addition ☐ Change D Delete TITLE TITLE HILL BRIAN NAME NAME STREET ADDRESS STREET ADDRESS 8003 S.W. 81ST DRIVE CITY~ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** ☐ Change ☐ Addition Delete TITLE TITLE HILL, LOLY NAME STREET ADDRESS STREET ADDRESS 8003 S.W. 81ST DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 ☐ Addition ☐ Change □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition □ 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 ☐ Delete TITLE 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 changed, or on an attachment with an address, with all other like empowered.

DEFICER OR DIRECTOR

CR2F034 (9/99)

3/17/00 (305) 821 5144