2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000017535 May 31, 2000 8:00 am Secretary of State ONMICRON INTERNATIONAL CORP 04-26-2000 90211 045 ***150.00 Principal Place of Business Mailing Address 13878 SW 157 TERRACE 13878 SW 157 TERRACE MIAMI FL 33177-1274 MIAMI FL 33177 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 V Noi Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent De_ DE JESUS, ESTHER Street Address (P.O. Box Number is Not Acceptable) **661 TALAVERA ROAD** WESTON FL 33326 610 SW 77AVE 11 A MI 8. The above named entity sugmits 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) 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President ☐ Change Addition Delete TITLE TITLE Jorge JIHENEZ NAME NAME 13878 SW 157 Terr STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Addition Change Change Delete TITI F TITLE NAME Gerardo De los Santos NAME 9143 SW 77AUR 610 HILAMI FL 33156 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Dalete 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 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. TRAUBED SIGNATURE: ME OF SIGNING OFFICER OR DISECTOR 305-502-1180 5-23-00