2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 12, 2001 8:00 am DOCUMENT # P99000018846 **Secretary of State** 1. Entity Name SIERRA MAINTENANCE, INC. 03-12-2001 90465 044 ***150.00 Principal Place of Business Mailing Address 9450 LIVE OAK PLACE #110 9450 LIVE OAK PLACE #110 DAVIE FL 33324 DAVIE FL 33324 2. Principal Place of Business 3. Mailing Address 840 stanton DRIVE 340 Stanton Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0898970 note3W WESTON -Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33326 U.S.A V.S.A 6. Name and Address of Current Registered Agent 7. Name and Address of New Rogistered Agent SIERRA, GUSTAVO A 840 Stanton Drive Weston, FL. 33326 Street Address (P.O. Box Number is Not Acceptable) 9450 LIVE OAK PLACE #110 DAVIE FL 33324 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 Change CR2E034 (10/00 TITLE Delete TITLE Sierra, Gustauo A 840 staviton Drive SIERRA, GUSTAVO A NAME NAME 9450 LIVE OAK PLACE #110 STREET ADDRESS STREET ADDRESS WESton, FL. 33326 CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33324 Change Delete TITLE TITLE MESA, MARIA Eugenia MESA, MARIA EUGENIA NAME NAME 840 Stanton DELVE STREET ADDRESS 9450 LIVE OAK PLACE #110 STREET ADDRESS WESTM, F1 33326 CITY-ST-ZIP DAVIE FL 33324 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition 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.

SIGNATURE:

Maria Cupilia Masar BIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(924) 217-5863

Date

Daytime Phone #