2000 UNIFORM BUSINESS REPORT (UBR)

argant

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # P99000022213 Apr 23, 2000 8:00 am Secretary of State MIGUEL ANGEL DESIGN, INC. 04-23-2000 90038 031 ***150.00 Principal Place of Business Mailing Address 7000 WEST 20TH AVENUE **2880-WEST-20TH-AVENUE** #74 #34 HIALEAH FL 33016 HIALEAH FL 33016-1831 2. Principal Place of Business 47784 W. 24. 3. Mailing Address SAM E DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired 33010 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SANCHEZ, MARGARITA Street Address (P.O. Box Number is Not Accepta 7880 WEST-20TH-AVENUE #34... HIALEAH FL 33016 -City Hialenh, 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) 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 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE TITI F 7782 W. 2 LL CT. HIAlenh, Fl. 33014 SANCHEZ, MIGUEL NAME NAME STREET ADDRESS STREET ADDRESS 7880 WEST 20TH AVENUE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 93016 TITLE ☐ Delete TITLE NAME SANCHEZ, MARGARITA 7782 W. 2 M Ct. Healenl, Fl. 33014. STREET ADDRESS STREET ADDRESS 7880-WEST 20TH AVENUE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 ☐ Addition ☐ Delete TITLE NAME NAME JUTREET 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 TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.

117/00 305-821-0424 Davine Phone 4