2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE

Apr 30, 2002 8:00 am Secretary of State P99000022647 DOCUMENT # 1. Entity Name 04-30-2002 90207 025 ***158.75 FGD HOLDINGS, INC. Mailing Address Principal Place of Business 11825 N.W. 100TH ROAD 11825 N.W. 100TH ROAD BUILDING ONE BUILDING ONE MIAMI FL 33178 MIAMI FL 33178 3. Mailing Address 10 to avenue 9330 N.W. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State H/ GMI City & State 65-0920448 Not Applicable MINMI \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **CARROLL & ASSOCIATES** Street Address (P.O. Box Number is Not Acceptable) 1260 SUNTRUST INTERNATIONAL CENTER ONE SOUTHEAST THIRD AVENUE Zip Code City MIAMI FL 33131-1714 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. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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. ☐ Addition ☐ Change TITLE ☐ Delete TITLE DIAZ, FAUSTO G NAME NAME STREET ADDRESS |9743 S.W. 57TH STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME DIAZ, ROSA M 98175.W. 58 Street MIAMI Fl. 33173. STREET ADDRESS 3001 S.W. 101 COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33165 ☐ Addition TITLE ☐ 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 Addition Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 accounte 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

FILED