2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P99000029394 Mar 04, 2000 8:00 am **Secretary of State** TORRUELLA INVESTMENTS, INC. 03-04-2000 90092 046 ***150.00 Principal Place of Business Mailing Address 1705 LYNDALE BLVD 1705 LYNDALE BLVD MAITLAND FL 32789-2505 MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For City & State Dinter Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USP Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIRNUN, MORRIS A Street Address (P.O. Box Number is Not Acceptable) 1705 LYNDALE BLVD MAITLAND FL 32751 105 AVC the purpose of changing its registered office or registered agent, or both, in the State of Florida (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-716 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 an address changed, or on an attachment with with all other like empowered

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Daytime Phone #

TED NAME OF SIGNING OFFICER OR DIRECTOR