8/3/00-**FILED** 2000 UNIFORM BUSINESS REPORT (UBR) Aug 21, 2000 8:00 am Secretary of State OCUMENT # P9900031680 N. M. G. OF JACKSONVILLE, INC. 08-03-2000 90034 029 ***150.00 Principal Place of Business Mailing Address 1543 WHALER WAY 3543 WHALER WAY IACKSONVILLE FL 32257 JACKSONVILLE FL 32257 2. Principal Place of Business 3. Making Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 593-56-9531 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name . GIRALDO, MARIA E Street Address (P.O. Box Number is Not Acceptable) 3543 WHALER WAY JACKSONVILLE FL 32257 City Zip Code 3. 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$550.00 This corporation is aligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition Delete ME MILE GIRALDO, MARIA E NAME AME STREET ADDRESS TREET ADDRESS 3543 WHALER WAY CITY-ST-ZIP 27Y-ST-77P JACKSONVILLE FL 32257 ☐ Addition Delete Chance MLE GIRALDO, NELSÓN G NAME MME STREET ADDRESS TREET ADDRESS 3543 WHALER WAY CHY-ST-ZIP ATY-ST-ZIP JACKSONVILLE FL 32257 ☐ Change ☐ Addition TILE Oelete ΉĒ AME. TREET ADDRESS STREET ADDRESS 17Y-ST-21P CITY-SI-ZIP Addition Delete TITLE NAME AMF TREET ADDRESS STREET ADDRESS UTY-ST-ZIP CITY-ST-ZIP Oelete TITLE ☐ Chance ☐ Addition AME NAME STREET ADDRESS TREET ADDRESS 77Y-ST-ZIP CITY-ST-ZIP ☐ Addition TILE ☐ Cefete NAME TREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

277-ST-21P

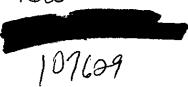
REQUIPTED AND THE THE THE WASHING OFFICER OR DIRECTOR

Onl27/2000

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JUly 27, 2000



DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS P.O. BOX 1500 TALLAHASSEE, FL 32302-1500

SUBJECT: 2000 UNIFORM BUSINESS REPORT

FROM: N. M. G. OF JACKSONVILLE, INC

As per conversation on July 16, 2000 with an employee of The Divisions of Corporations we are writting this letter to explain why we have not file the 2000 uniform business report.

This is the first year that we have being in business and have not recieve any other forms or notices of filing until we recieve this one at the end of June. We are sending a check for \$ 150.00 (One hundred and fifty dollars) which is the original cost to file this form.

We appreciate your help on this matter and can asure you the form will be properly file on time next year. Once again we were totally unaware of the uniform business report and thank you for all your help and understanding in this matter.

Sincerely:

Maria E Giraldo

N. M. G. OF JACKSONVILLLE, INC