2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000031902 Jun 13, 2000 8:00 am 1. Entity Name Secretary of State J V P EXPORT, INC. 02-25-2000 90027 012 ***150.00 Principal Place of Business Mailing Address 1658 BAY ROAD 1658 BAY ROAD SUITE 502 SHITTE 500 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-2102 -15 (E) H 3. Mailing Address 7825 Sw 32 Terra 2. Principal Place of Business 7825 5W 32 Terra Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Visami Not Applicable Mami Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ~PEREZ, JOSE V Street Address (P.O. Box Number is Not Acceptable). 1658 BAY ROAD SUITE 502 MIAMI BEACH FL 33139 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12, 11. 66/6) ☐ Del€te TITLE Perez, Jose V TIΠE PEREZ, JOSE V NAME 7825 Scu 32 Terra 1658 BAY ROAD #502 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP MIAMI BEACH FL 33139 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF - Change - Change Addition TITLE Delete. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-712 ☐ Change Audition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Datete TUTLE 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 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 suppliemental 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 with all other like empowered. SIGNATURE: THE AND TYPED OR PRINTED NAME OF SIG