2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000032305** Apr 13, 2000 8:00 am Secretary of State EDWIN N. CUEVAS. P.A. 04-13-2000 90005 044 ***150.00 Principal Place of Business Mailing Address - 130 DANIELLE COURT 33 DANIELLE COURT WESTON FL 33326 WESTON FL-32714-2921-2. Principal Place of Business 3. Mailing Address 1090 West S.R. 436 1090 West S.R. DO NOT WRITE IN THIS SPACE Suite; Apt. #,.etc. Suite, Apt. #, etc. Applied For City & State City & State 59-3611663 Altamonte Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 Zip Code 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) 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. OFFICERS AND DIRECTORS Change TITLE ☐ Delete TITLE ☐ Addition O. 4 G. A. E. NAME CUEVAS, EDWIN N NAME 1091 Post Lake Place, #103 STREET ADDRESS STREET ADDRESS -133 DANIELLE COURT-CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33326 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13.7 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 SIGNATURE

City-St-ZIP

8/3/W 8 457-862-5885