2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000034189 Jun 30, 2000 8:00 am 1. Entity Name **Secretary of State** PARSA COMMERCIAL, INC. 06-30-2000 90007 011 ***550.00 Principal Place of Business Mailing Address 1 S.E. 3RD AVENUE, STE. #2150 1 S.E. 3RD AVENUE, STE. #2150 MIAMI FL 33131 MIAMI FL 33131-1716 2. Principal Place of Business NW 36 Street DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Tuite 222 Suite Applied For City & State City & State 65-0934134 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 12V Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZYNE, SALEEBY & SALEH, P.A. Street Address (P.O. Box Number is Not Acceptable) 1 S.E. 3RD AVENUE, STE. #2150 MIAMI FL 33131 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE ☐ Delete TITLE Change Change SEPULUEDA, TOMAS SEPULVEDA, TOMAS NAME MAME 1 S.E. 3RD AVENUE, STE. #2150 STREET ADDRESS 4471 NW 36 Street, Suite 222 Miami, F 33166 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Secretary ☐ Change Addition TITI F Delete O'PHELAN, CAROLINA NAME MARIE CARRILLO 4471 NW 36 Street, Suite 222 Minni (T 33166 1 S.E. 3RD AVENUE, STE. #2150 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Change ☐ Addition TITLE ☐ Delete 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 ☐ Change ☐ Addition ŤITLE. ☐ Delete TITLE 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-7IP 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.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR