2001 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2001 8:00 am Secretary of State DOCUMENT # P99000038505 P.C.A. ENTERPRISES, INC. 04-18-2001 90045 020 ***150 00 Principal Place of Business Mailing Address 13268 SW 9TH LANE 13268 SW 9TH LANE MIAMI FL 33184 MIAMI FL 33184 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0916466 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLANCO, MANUEL E 13268 SW 9TH LANE MIAMI FL 33184 City MI AM 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. 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, 2001 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 OFFICERS AND DIRECTORS 11. PSD GRETEII BIONW 13268 SW910NE miami FID 33184 TITLE TITLE BLANCO, MANUEL E NAME NAME STREET ADDRESS 13268 SW 9TH LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33184 Delete TITLE TITLE BLANCO, GRETELL NAME NAME STREET ADDRESS STREET ADDRESS 13268 SW 9TH LANE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33184** TITLE NAME SANCHEZ, RUBEN NAME STREET ADDRESS 13268 SW 9TH LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33184 VICE-PRESIDENT TITLE JULIO C. LOPEZ NAME NAME JUlio C. LOPEZ 5818 SW 30 st. STREET ADDRESS STREET ADDRESS 5818 5.W. 30 St miami Flo. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP .CITY_ST_ZIP__ ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED