## 2000 UNIFORM BUSINESS REPORT (UBR)

## ĤĽFD DOCUMENT # P99000040490 1. Entity Name 00 MAY 25 PM 3: 16 MHMAUS CORPORATION SECRETARY OF STATE Mailing Address Principal Place of Business TALLAHASSEE, FLORIDA 15150 SW 167TH ST. 15150 SW 167TH ST. FL 33187 MIAMI FL 33187-0806 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Country \$8.75 Additional Zip Country Ζp 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SALAZAR, MARIA L Street Address (P.O. Box Number is Not Acceptable) 15150 SW 167TH ST. MIAMI FL 33187 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 Signature, lyped or printed name of registered agent and title if applicable. DATE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 66/6) ☐ Change Addition ☐ Delete TITLE TITLE President Maria L. Salazar NAME NAME CR2E034 STREET ADDRESS STREET ADDRESS 15150 SW 167 St Mismi Fl. CITY-ST-ZIP CITY-ST-719 <del>33187</del> ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Addition e---- ويجيد - E-Change Delete ` - -रागा ह TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE BTLE 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MATHER AND TYPED OR PRINTED MAME OF SIGNED OFFICER OR DIRECTO

4/24/00

Daytime Phone s