2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 07, 2000 8:00 am Secretary of State DOCUMENT # P99000040817 1. Entity Name SABRE ENTERPRISES, INC. 03-07-2000 90222 019 ***158.75 Mailing Address Principal Place of Business 10967 LONGBOAT DRIVE 10967 LONGBOAT DRIVE COOPER CITY FL 33026-4724 COOPER CITY FL 33026 POSOTOR 2. Principal Place of Business 3. Mailing Address SAMC 3AM2 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 65 - *0*9 Not Applicable Ζiρ Country Country \$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 nande7 CORPORATION SERVICE COMPANY idress (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition ☐ Delete TITLE TIT1 F HERNANDEZ, EFRAIM МАМЕ STREET ADDRESS STREET ADDRESS 10967 LONGBOAT DRIVE CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33026 ☐ Addition ☐ Delete ☐ Change TITLE TITLE HERNANDEZ, CECILIA NAME NAME STREET ADDRESS STREET ADDRESS 10967 LONGBOAT DRIVE CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33026 ☐ Addition Change ☐ Delete TITLE HERNÁNDEZ, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 10967 LONGBOAT DRIVE CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33026 Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

13. Thereby certify that the information supplied with this filling 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

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

SIGNATURE:

CITY-ST-ZIP

CITY-ST-7IE

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-00

954.438-0740

☐ Change

Addition

Daytime Pho