2000 UNIFORM BUSINESS REPORT (UBR) May 04, 2000 8:00 am Secretary of State DOCUMENT # P99000041539 SAND INVESTMENT, INC. 05-04-2000 90231 002 ***158.75 Mailing Address Principal Place of Business 780 NORTHWEST LE JEUNE ROAD 780 NORTHWEST LE JEUNE ROAD SUITE 516 **SUITE 516** Πυσυσυσο MIAMI FL 33126 MIAMI FL 33126-5538 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable \$8.75 Additional Zip Country Zip Country Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete **PSTD** TITLE TITLE NAME NAME PIEDRA, AURELIO A STREET ADDRESS STREET ADDRESS 780 NORTHWEST LE JEUNE ROAD CITY-ST-ZIP CITY - ST - ZIP MIAMI FL 33126 ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition C Delete TITI E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby 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 attention to the receiver of the corporation of the corpor

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR