2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # **P99000041589** Apr 11, 2000 8:00 am Secretary of State 1. Entity Name RELIABLE INVESTMENT CORPORATION 04-11-2000 90019 014 ***150.00 Principal Place of Business Mailing Address 10030 SOUTHWEST 200TH TERRACE 10338-SOUTHWEST 208TH TERRACE MIAMI FL 39189~ MIAMI FL 39189-3613-3. Mailing Address 2. Principal Place of Business 5307 SW 153 Avenue 5307 SW 153 Avenue DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0918980 Miami, FL Miami, FL Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 33185 33185 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Javier Suarez ·SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 9874 SW 27 Terrace -343 ALMERIA AVENUE - GORAL CABLES FL 33134 City 33165-2642 Miami 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 (NOTE: Registered Agent signature required when reinstating) agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD Change ☐ Addition TITLE ☐ Delete TITLE BEOVIDES, MICHAEL NAME NAME Beovides, Michael STREET ADDRESS STREET ADDRESS 10338-SOUTHWEST-200TH TERRACE 5307 SW 153 Avenue CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33189 Miami FL 33185 Change CEOD TITLE ☐ Addition ☐ Delete TITLE SUAREZ, JAVIER NAME Suarez, Javier NAME 9874 SW 27 Terrace STREET ADDRESS 10338 SOUTHWEST 208TH TERRACE STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33189** Miami. FL 33165-2642 □ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change TITLE Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS DITY-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 trusted 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 addless, with all other like empowered.

NING OFFICER OR DIRECTOR