2009 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000042142 Mar 29, 2000 8:00 am Secretary of State 1. Entity Name CHOPIN PLAZA CORP. 03-29-2000 90082 009 ***150.00 Principal Place of Business Mailing Address 55 WEST 3RD STREET 55 WEST 3RD STREET HIALEAH FL 33010-4727 HIALEAH FL 33010 3. Mailing Address W. 8 2ave DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. am' Applied For 4. FEI Number City & State *3*3143 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3010 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HERNANDEZ, SABRINA S Street Address (P.O. Box Number is Not Acceptable) 55 WEST 3RD STREET HIALEAH FL 33010 Zip Code City F١ submits this statement for the purple se of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) LE 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2F034 (9/99) ☐ Addition CE₀ Delete 31717 TITLE NAME HERNANDEZ, SABRINA STREET ADDRESS STREET ADDRESS 55 WEST 3RD STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF

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 leport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY - ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ Delete

☐ Delete

2/3 Jouro (305) 366-1576

Date Daytime Phone #

Change

☐ Change

Addition

Addition