2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT# **P99000046444** Jul 05, 2000 8:00 am Secretary of State JOSEPH A. TUBIO, ESQ., P.A. 05-24-2000 90156 027 ***150.00 Principal Place of Business Mailing Address 12740 S.W. 34TH PLACE 12740 S.W. 34TH PLACE DAVIE FL 33330 DAVIE FL 33330-1250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-1018564 Not Applicable Zip \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TUBIO, JOSEPH A .ESQ. Street Address (P.O. Box Number is Not Acceptable) 12740 S.W. 34TH PLACE **DAVIE FL 33330** Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS (66/6)P AUD S Delete TITLE TITLE TUBIO, JOSEPH A TUBIO, JOSEPH A NAME NAME . CR2E034 12740 S.W. 84TH PLACE STREET ADDRESS STREET ADDRESS 12740 S.W. 34TH PLACE CITY-ST-Z/P DAVIE FL 33330 CITY-ST-ZIP 33330 DAULE ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 🚈 🔲 Chanus Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY-ST-ZIP ☐ Addition ☐ Defete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE THLE Delete 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 all other like empowered.

SIGNATURE

JOSEPH A. TUBIO : DIRECTOR