2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000050593** CALERO ENTERPRISES, INC. Principal Place of Business Mailing Address 70 SAMANA DR /Ū SAMANA DR **BAY HIGHT** HIGHT MIAMI FL 33133-2610 FL 33133 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State Country Zip Country Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name CALERO, JULIO A 70 SAMANA DR **BAY HIGHT** MIAMI FL 33133

FILED May 04, 2000 8:00 am Secretary of State

05-04-2000 90179 025 ***150.00

C0082055 DO NOT WRITE IN THIS SPACE Applied For 45-0926771 Not Applicable \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 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 DATE Signature, typed or printed name of registered agent and title if applicable (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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition CR2E034 (9/99 ☐ Change ☐ Defete TITLE CALERO, JULIO A NAME NAME 70 SAMANA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 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-7IP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 eath; that I am an officer or director accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ejecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee embowered to e changed, or on an attachme

SIGNATURE:

* 212.10 TED NAME OF SIGNING OFFICER OR DIRECTOR U_5_00 .(305) 710-0076