2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 30, 2000 8:00 am Secretary of State DOCUMENT # **P99000060905** 1. Entity Name TONIGROVE DEVELOPMENT, INC. 03-30-2000 90038 008 ***150.00 Principal Place of Business Mailing Address 1856 OPECHEE 1856 OPECHEE MIAMI FL 33133 MIAMI FL 33133-2432 3. Mailing Address 2. Principal Place of Business 45 123f 3.3*Ə* NW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State FEI Number Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 54 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOPE2 0866 COSME J. DE LA TORRIENTE: P.A. Street Address (P.O. Box Number is Not Acceptable) 155 SOUTHWEST 25TH ROAD MIAMITE 33129 8. The above named entity submits this statement for the purpular of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS 111111 DPS Addition TITLE ☐ Defete TITLE DAISY SIERRA SIERRA, DAISY NAME NAME 338 NW 34 AV. STREET ADDRESS 1856 OPECHEE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **MIAMI FL 33133** ☐ Addition ☐ Delete TITI F TITLE JOR66 LOPEZ, JORGE NAME NAME STREET ADDRESS 332 STREET ADDRESS 1856 OPECHEE CITY-ST-7IP 月、33125 CITY-ST-ZIP **MIAMI FL 33133** ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing do 🙀 not cualify 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 accutate 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. 3-21-2000 (305)541-3096

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR