2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074148 Apr 13, 2000 8:00 am Secretary of State M & F ENTERPRISES GROUP CORP. 04-13-2000 90065 048 ***158.75 Mailing Address Principal Place of Business 741 NW 98TH AVENUE 741 NW 98TH AVENUE PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024-6118 3. Mailing Address 2. Principal Place of Business 741 N.W. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 65-094/91 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **FUENTES. CRISTINA E** Street Address (P.O. Box Number is Not Acceptable) 741 NW 98TH AVENUE PEMBROKE PINES FL 33024 Zip Code City 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 (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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D. Fuentes Jr. - (VICE PRSIDEN) Change FUENTES TITLE Delete TITLE FUENTAS, CRISTINA E NAME NAME 741 N.W. 98+60 STREET ADDRESS STREET ADDRESS 741 NW 98TH AVENUE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33024 XI Delete TITLE NAME MACHADO, OCTAVIANO NAME STREET ADDRESS STREET ADDRESS 741 NW 98TH AVENUE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33024 · Change ☐ Addition 🗹 Delete TITLE MACHADO, AMERICA S NAME NAME STREET ADDRESS STREET ADDRESS 741 NW 98TH AVENUE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Private Cristina tuentes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

STREET ADDRESS

4/1/00 305-599-3664