2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 22, 2000 8:00 am Secretary of State DOCUMENT # 79900076980 PTA PARTNERS, INC. 03-22-2000 90043 045 ***150.00 Principal Place of Business 150 ALHAMBKA CIRCLE 150 ALHAMBRA CIRCLE SILVE 800 SVITE 800 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 C0042306 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip , Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEDRO M. DE ARMAS Street Address (P.O.: Box Number is Not Acceptable) 150 ALHAMBRA CIRCLE SUITE 800 Zip Code CORAL GABLES, FL. 33134 FL 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. Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/99 Change ☐ Delete TITLE TITLE NAME OCTAVIO A. VERDEJA, JR STREET ADDRESS STREET ADDRESS OCLD CUTLER RD. CITY-ST-ZIP CITY-ST-ZIP FL 33143 Addition Change ☐ Delete TITLE EDEO M. DE ARMAS NAME NAME 1261 ORTEGA AVE STREET ADDRESS STREET ADDRESS COKAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF [7] Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete 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 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