2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 28, 2000 8:00 am Secretary of State DOCUMENT #-P99000079037 1. Entity Name MIAMI GASTRO, INC. 02-28-2000 90024 002 ***150.00 Mailing Address Principal Place of Business 425 SOUTH ATLANTIC BLVD. 125 SOUTH ATLANTIC BLVD. FORT LAUDERDALE FL 33316-1602 LAUDERDALE FL 33316-1602 B0026349 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Ζip Country \$8.75 Additional 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 RODER, UWE Street Address (P.O. Box Number is Not Acceptable) 425 SOUTH ATLANTIC BLVD. FORT LAUDERDALE FL 33316-1602 Zip Code City 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 SIGNATURE (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 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. TITLE & UNE RODER 425 SOUTH ATLANTIC BLOD TITLE UWE RODER NAME TWE ROOTE ATLANTEBLUD 42550 WH ATLANTEBLUD FORT LAIDENDAY, JENING 33366 STREET ADDRESS STREET ADDRESS FORT Landerzale, HORIOA 33716 CITY-ST-7IP CITY-ST-ZIP JESSILA RODER TITLE JESSIKA ROOM LIS SOUTH ARANTICBLUS NAME NAME 425 SOUTH ARAJACBLUD STREET ADDRESS STREET ADDRESS Fara Landadalo 76080A33316 Racalandered HORINA 37316 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 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-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE 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 eath; 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.

Пате

Davtime Phone #

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR