2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P99000079793** Sep 06, 2000 8:00 am 1. Entity Name Secretary of State MR. CHURRO, INC. 09-06-2000 90098 048 ***550.00 Principal Place of Business Mailing Address C/O GUNSTER, YOAKLEY, VALDES-FAULI, P.A. C/O GUNSTER, YOAKLEY, VALDES-FAULI, P.A. 2 SO, BISCAYNE BLVD., SUITE 3400 2 SO. BISCAYNE BLVD.. SUITE 3400 MIAMI FL 33134 MIAMI FL 33131-1802 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number XX Applied For City & State Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6.-Name and Address of Current Registered Agent Name RJVF Corporate Services Street Address (P.O. Box Number is Not Acceptable) VALDES-FAULI CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BLVD. c/o Steel Hector & Davis LLP **SUITE 3400** 200 S. Biscayne Blvd., Suie #4100 **MIAMI FL 33131** City Miami Zip Code FL 33131 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 10. Election Campaign Financing \$5.00 May Be 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. P/S X Addition ☐ Change TITLE ☐ Delete TIT) F Lauria P., Antonio E. LAURIA, ANTONIO E NAME STREET ADDRESS PMB 325 1291-A S. POWERLINE ROAD STREET ADDRESS PMB 325, 1291- A S. Powerline Road CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 Pompano Beach, Florida 33069 ☐ Delete ☐ Change ☐ Addition TITLE 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-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition 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-ZIP 13. I hereby certify that the information surplied 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 this tee 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #