2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 16, 2001 8:00 am Secretary of State DOCUMENT # P99000081761 1. Entity Name PEREZ-CONDE, INC. 03-16-2001 90012 039 ***150.00 Principal Place of Business Mailing Address 10305 NW 41ST # 120 10305 NW 41ST # 120 MIAMI FL 33178 MIAMI FL 33178 1100258622. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0958600 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 PEREZ-CONDE, ISIDRO Street Address (P.O. Box Number is Not Acceptable) 7340 SW 123RD STREET MIAMI FL 33158 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) DATE 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, 2001 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 OFFICERS AND DIRECTORS 12. 11. PD Change ☐ Addition TITLE ☐ Delete TITLE Perez-Conde, Isidro PEREZ-CONDE, ISIDRO NAME NAME 7340 SW 123RD STREET STREET ADDRESS W/ 0805 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33158** <u>FinusiM</u> Change ☐ Addition VPD ☐ Delete TITLE TITLE Mouroy Meria de Los Angeles LOS ANGALES MONROY, MARIA DE NAME NAMÉ 3090 10W 99 PL STREET ADDRESS 7340 SW 123RD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33158** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME 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 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 of 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 attac SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR