## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 04, 2000 8:00 am Secretary of State DOCUMENT # P99000088345 1. Entity Name 2012 PUBLISHING INC. 05-04-2000 90148 027 \*\*\*158.75 Mailing Address Principal Place of Business 7757 N.E. 53 ST 7757 N.E. 53 ST . MIAMI FL 33166-4101 MIAMI FL 33166 3. Mailing Address 2. Principal Place of Business UW. 53 ST Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE gity & State City & State 4. FEI Number Applied For 1ami Not Applicable town. Country \$8.75 Additional 5. Certificate of Status Desired 3166 3166 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent avier amion. J CARRION, JAVIER Street Address (P.O. Box Number is Not Acceptable) 7757 N.E. 53 ST . MIAMI FL 33166 N.W. ans 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 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition Delete TITLE TITLE NAME NAME CARRION, JAVIER 7757 Ww. 53st STREET ADDRESS STREET ADDRESS 7757 N.E. 53 ST . CITY-ST-ZIP CITY-ST-7iP **MIAMI FL 33166** ☐ Delete TITLE TITLE NAME NAME S3 St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33166 CITY-ST-ZIP **Addition** ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP Mranie N.W. CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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-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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR