2000 UNIFORM BUSINESS REPORT (UBR) Apr 10, 2000 8:00 am Secretary of State DOCUMENT # **P99000089598** SPM MARKETING, INC. 04-10-2000 90116 030 ***150.00 Principal Place of Business Mailing Address 2718 W. ATLANTIC BLVD. 2718 W. ATLANTIC BLVD. PEMBROKE PINES FL 33069 PEMBROKE PINES FL 33069-2551 2. Principal Place of Business 3. Mailing Address Fairlake Trace Trace DO NOT WRITE IN THIS SPACE Applied For Florida Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jimenez FILINGS, INC. Address (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 bubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to says fy 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 11. ☐ Delete TITI F Rafael O. Jimenez TITLE NAME GIMENEZ, RAFAEL O 1109 Fairbles Trace Apt. 2309 STREET ADDRESS STREET ADDRESS 1211 FAIRLAKES TRACE APT CITY-ST-ZIP Weston Florida 33326 CITY-ST-ZIP PEMBROKE PINES FL 33069 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change 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 Delete ☐ Change Addition TITLE TITLE ~ NAME STREET ADDRESS STREET APIDRESS 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 supplies 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 attachment with an address, with all other like empowered. SIGNATURE: SIL Daytime Phone # SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR