2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P99000089601** May 05, 2000 8:00 am Secretary of State GMB TRADING, INC. 05-05-2000 90096 028 ***150.00 Mailing Address Principal Place of Business 8309 NORTHWEST 200TH TERRACE 8889 NORTHWEST 200TH TERRACE MIAMI LAKES FL 33015 MIAMI LAKES FL 33015-5904 Mailing Address WD 5. POST RU Principal Place of Business 16410 J. KU BG Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE AOT+303 City & State 4. FEI Number Applied For WEUTON - Florido LG LINI Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BENITEZ, GERMAN Street Address (P.O. Box Number is Not Acceptable) 8309 NORTHWEST 200TH TERRACE MIAMI LAKES FL 33015 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 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. Delete TITLE BENITER GERHIN NAME BENITEZ, GERMAN 16440 5. POST Rd APT 303 STREET ADDRESS STREET ADDRESS 8309 NORTHWEST 200TH TERRACE CITY-ST-7/P WUTON-FL 33331 CITY-ST-ZIP MIAMI LAKES FL 33015 X Change ■ Addition ☐ Delete TITLE GUELLELD MARY GUERRERO, MARY NAME 16440 5. POIT RY APT 303 STREET ADDRESS 8309 NORTHWEST 200TH TERRACE STREET ADDRESS CITY-ST-ZIP WOUTON - FL CITY-ST-ZIP MIAMI LAKES FL 33015 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete 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 ☐ Change ☐ Addition

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 expowered 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR