2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000090482**

Principal Place of Business

Mailing Address

5220 NW 72ND AVENUE BAY G-35

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May 02, 2000 8:00 am Secretary of State CANTINI INTERNATIONAL GROUP, INC. 05-02-2000 90018 021 ***150.00

MIAMI FL 33166-4858 MIAMI FL 33166 3. Mailing Address 2. Principal Place of Business 4615 NW 72 ND AVE 461S NW 72ND AVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 118 118 4. FEI Number Applied For City & State City & State MAIMI 650967625 Not Applicable MIAMI Country Zip \$8.75 Additional Country Zip 5. Certificate of Status Desired 33166 33166 U-S-A U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -. HART, DAVID J Street Address (P.O. Box Number is Not Acceptable) 100 N BISCAYNE BLVD., SUITE 2600 MIAMI FL 33132 Zip Code 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 DATE Signature, typed or printed name of 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 🔀 Change TITI F Addition ✓ Delete TITLE MEJIA - CANTINI, ANDRES MEJIA-CANTINI, ANDRES NAME NAME 34AL EP WE POPE STREET ADDRESS 14325 SW 62ND STREET STREET ADDRESS MIAMI FL. 33186. CITY-ST-ZIP CITY-ST-ZIP **MIAM! FL 33183** ☐ Addition ☐ Change 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 ☐ Change ☐ Addition ☐ Delete TITLE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P

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 truetee 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 accurate and other like empowered.

SIGNATURE: