2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # HP000026051 Mar 14, 2000 8:00 am 1. Entity Name **Secretary of State** Surautos USA Corp. 03-14-2000 90058 028 ***150.00 Principal Place of Business Mailing Address 714 NW 114 St. P.O. Box 5308 Ocala, FL 33475 Ocala, FL 34478 B0037473 2. Principal Place of Business 3. Mailing Address Place 1151 Fairlake Place 1151 Fairlake Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1708 1708 4. FEI Number X Applied For weston. Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Gerstein, William Street Address (P.O. Box Number is Not Acceptable) 1300 N Federal Hwy, Suite 203 Boca Raton, FL 33432 Zip Code City 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) 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ADDRESS CHANGE ONLY **PSTD** Eduardo Zambrano Gonzalez 1151 Farlake Place, # 1708 STREET ADDRESS STREET ADDRESS 714 NW 114 St. weston, FL 33326 CITY-ST-ZIP CITY-ST-ZIP Ocala<u>, FL 34478</u> TITLE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS 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.

Eduardo Zambrano Gonzalez, Pres. 02/23/2000 (352)

Date

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR