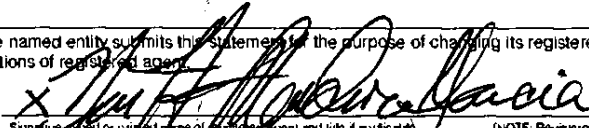
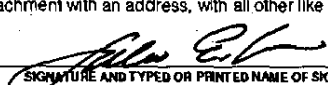


FILED
Aug 05, 2003 8:00 am
Secretary of State

08-05-2003 90072 014 ***550.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094405					
1. Entity Name MENDIVE INVESTMENT GROUP, INC.					
Principal Place of Business 1490 W 49 PLACE SUITE 311 HIALEAH, FL 33012 US			Mailing Address PO BOX 651838 MIAMI, FL 33265 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0955928				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MENDIVE, ANSELMO M PD 3130 SW 109TH CT MIAMI, FL 33165			7. Name and Address of New Registered Agent Name Yin H. Mendive - Garcia Street Address (P.O. Box Number is Not Acceptable) 2001 SW 139 AVE City Miami FL Zip Code 33175		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 7/31/03 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$660.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENDIVE, ANSELMO M PD 1490 W 49 PLACE SUITE 311 HIALEAH, FL 33012 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MENDIVE-GARCIA, YIN H SD 1490 W 49 PLACE SUITE 311 HIALEAH, FL 33012 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MENDIVE, YANEYS SD 1490 W 49 PLACE SUITE 311 HIALEAH, FL 33012 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MENDIVE, AMPARO SD 1490 W 49 PLACE SUITE 311 HIALEAH, FL 33012 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GARCIA, JULIO E VT 1490 W 49 PLACE SUITE 311 HIALEAH, FL 33012 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			DATE 7/31/03 DAYTIME PHONE # 305-801-7031		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/02)