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	Mailing Address
1490 W 49 PLACE SUITE 311 HIALEAH, FL 33012 US	PO BOX 651838 MIAMI, FL 33265 US

[redacted]

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☑ CHECK HERE IF MAKING CHANGES

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 X [signature] 7/31/03
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
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

CR2E034 (10/02)

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: [signature] 7/31/03 305-801-7031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #