2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000094857 May 02, 2000 8:00 am Secretary of State 1. Entity Name **DEVELO-PRO ENTERPRISE CORPORATION** 05-02-2000 90008 045 ***150.00 Mailing Address Principal Place of Business 731 IOWA WOODS CIRCLE EAST 731 IOWA WOODS CIRCLE EAST ORLANDO FL 32824 ORLANDO FL 32824-8635 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 59-3609497 City & State City & State Not Applicable Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name . GERSTEIN, WILLIAM Street Address (P.O. Box Number is Not Acceptable) **GERSTEIN & GERSTEIN ATTORNEYS AT LAW** 1300 NORTH FEDERAL HIGHWAY SUITE 203 **BOCA RATON FL 33432** 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. 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 Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition Change ☐ Delete TITLE TITLE Hurtado, Juan Carlos **HURTADO, JUAN CARLOS** NAME NAME 731 Iowa Woods Circle East 731 IOWA WOODS CIRCLE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Orlando, FL 32824 ORLANDO FL 32824 CITY-ST-7IP VSTD ☐ Change Addition □ Delete TITI F TITLE Correa, Luis Guillermo CORRERA, LUIS GUILLERMO NAME 731 IOWA WOODS CIRCLE EAST STREET ADDRESS STREET ADDRESS 431 Iowa Woods Circle East CITY-ST-7(P ORLANDO FL 32824 CITY-ST-ZIP Orlando, FL ☐ Change Addition ☐ Delete TITLE TITLE 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 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3-9-2000

(407)2989365

Daytime Ph