2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100576 1. Entity Name

LOBAREDE & ASSOCIATES CORP.

Principal Place of Business 1441 LINCOLN ROAD. SUITE 204 Mailing Address

1441 LINCOLN ROAD, SUITE 204 MIAMI BEACH FL 33139-2120 MIAMI BEACH FL 33139 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 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 \$5.00 May Be 10. Election Campaign Financing 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 12. 11. PD TITLE ☐ Delete TITLE PALAZUELOS, ANDREA NAME 1441 LINCOLN RD, SUTTE 20 STREET ADDRESS 1441 LINCOLN ROAD, SUITE 204 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 TITLE Delete TITLE LOBAREDE, CHRISTIAN R NAME NAME STREET ADDRESS STREET ADDRESS 1441 LINCOLN ROAD, SUITE 204 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 Addition ---- Change Delete TITLE -TITLE SANCHEZ, KIRK NAME NAME 1441 LINCOLN ROAD, SUITE 204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Addition ☐ Change TITLE ☐ Delete 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-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 trigitee 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 a deress, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NING OFFICER OR DIRECTOR

 \mathtt{FILED}

Secretary of State

05-08-2000 90104 008 ***150.00

May 08, 2000 8:00 am