2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$26547 Apr 28, 2000 8:00 am Secretary of State 1. Entity Name MASVIDAL PARTNERS, INC. 04-28-2000 90079 007 ***150.00 Principal Place of Business Mailing Address P O BOX 141102 1401 PONCE DE LEON CORAL GABLES FL 33114-1102 STF 400 CORAL GABLES FL 39134 2. Principal Place of Business 3. Mailing Address 201 Alhamban Giacle Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 1401 Applied For City & State 4. FEI Number 65-0243711 Conal Gablos, FL. Not Applicable Country \$8.75_Additional 5. Certificate of Status Desired 33/34 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) MASVIDAL, MERCEDES C. 1401 PONCE DE LEON BLVD Suite 1401 STE 402 CORAL GABLES FL 33134 City Conal Gables, 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 Manidal (Mercedes Masvidal) 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 (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE Đ ☐ Delete TITLE NAME NAME MASVIDAL, MERCEDES C. 201 Alhambra Cincle, Suite 1401 STREET ADDRESS STREET ADDRESS 1401 PONCE DE LEON BLVD- STE 402 CONAL GAGIET, FL. 33134 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 Change ☐ Defete TITLE M/D TITLE NAME MASVIDAL, RAUL P 201 Alhambas Cincle, Soite 1401 STREET ADDRESS STREET ADDRESS 1401 PONCE DE LEON BLVD- STE 402 CONOL GABLES, FL. 33134 CITY-ST-7IP CORAL GABLES FL 33134 ☐ 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 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F 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.

SIGNATURE: Musik Mark Merceles Masvidal 4/20/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date