## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 19, 2000 8:00 am Secretary of State **DOCUMENT # \$77501** 1. Entity Name PADRON BRICK SALES, INC. 05-19-2000 90877 001 \*\*\*150.00 05-19-2000 90877 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address 16155 SW 117 AVENUE 16155 SW 117 AVENUE SUITE B-16 SUITE B-16 MIAMI FL 33177-1617 MIAMI FL 33177 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0286688 Not Applicable Country Zip Country Zin \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PADRON, JORGE Street Address (P.O. Box Number is Not Acceptable) 6865 W LONG BOW BEND **DAVIE FL 33331** City Zip Code 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 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. П 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. ☐ Addition TITLE Delete TITLE Change PADRON, JORGE NAME NAME STREET ADDRESS STREET ADDRESS 6865 W LONG BOW BEND CITY-ST-ZIP CITY-ST-ZIP DAVIE FL Scaltreas. ☐ Change ☐ Addition ☐ Delete TITLE TITLE MIGDALIA C. PADRON NAME NAME 6865 W. Longbow Bend STREET ADDRESS STREET ADDRESS Davie, FL 33331 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling tioes 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 trusted amoving 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 a proposed of the expowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

(305) 378-1000

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Daytime Phone #