2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED **DOCUMENT # \$83218** May 10, 2000 8:00 am Secretary of State ROUNDBOAT TRADING, INC. 05-10-2000 90113 005 ***150.00 Principal Place of Business Mailing Address 17225 SW 237TH AVENUE PO BOX 970622 MIAMI FL 33197-0622 MIAMI FL 33187 2. Principal Place of Business Mailing Address P. O. Box 9706 ZZ 22850 GW. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Čity & State 4. FEI Number City & State 65-0291802 FLorida MiAM Not Applicable Miami -\$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOMEZ, EUGENIO P Street Address (P.O. Box Number is Not Acceptable) 17225 SW 237 AVE. MIAMI FL 33187 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 (NOTE: Registered Agent signature required when reinstating) ent and title if applicable 9. This corporation is eligible to satisfy its Intangible >- ** ₹ FILE NOW!!! FEE IS \$150.00 -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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PIESSHENT ☐ Delete TITLE EUGENIO POBLO GOMEZ GOMEZ, EUGENIO PABLO NAME NAME STREET ADDRESS STREET ADDRESS 17225 SW 237TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33187 ☐ Change ☐ Addition ☐ Delete TITLE TITLE KAM, FRANCISCA NAME NAME STREET ADDRESS 17225 SW 237TH AVENUE 22810 SW. 134 AU. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33187** ☐ Addition Delete o ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete ____ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete ا عداد TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachmal with an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR