2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 21, 2001 8:00 am DOCUMENT # **\$92985 Secretary of State** 1. Entity Name C & M INTERNATIONAL, CORP. 03-21-2001 90061 021 ***150.00 Principal Place of Business Mailing Address 14305 S.W. 99TH COURT 14305 S.W. 99TH COURT MIAM! FL 33176 **MIAMI FL 33176** U0036280 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0297417 Not Applicable Zip Country Country \$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 GARCIA, FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 745 SW 35TH AVE #201 **MIAMI FL 33135** 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, CH2E034 (10/00) Delete ☐ Change Addition TITLE TITLE UTSET, CLARA NAME NAME STREET ADDRESS STREET ADDRESS 14305 S.W. 99TH CT. CITY-ST-ZIP CITY-ST-7IP MIAMI FL ☐ Delete TITLE ☐ Addition TITLE NAME UTSET, JORGE, JR. NAME STREET ADDRESS STREET ADDRESS 14305 S.W. 99TH CT. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE TITLE ☐ Change Addition □ Delete 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 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS