2001 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

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NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 28, 2001 8:00 am Secretary of State DOCUMENT # V07814 JACQUELINE SALES, CORP. -28-2001 90015 036 ***150.00 Principal Place of Business Mailing Address 1930 NORTH MIAMI AVE 1930 NORTH MIAMI AVE MIAMI FL 33136 MIAMI FL 33136 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0308168 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 Name NIETO, RAISA Street Address (P.O. Box Number is Not Acceptable) 21407 N.W. 39 AVE. MIAMI FL 33054 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) DATE 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 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change ☐ Addition DURAN, PEDRO B NAME 12705 N.W. LEJEUNE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OPALOCKA FL 33054 CITY-ST-ZIP VD ☐ Delete TITLE Change ☐ Addition TIFLE NIETO, GABRIEL NAME NAME STREET ADDRESS 12705 N.W. LEJEUNE ROAD STREET ADDRESS CITY-ST-ZIP OPALOCKA FL 33054 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Delete TITLE Change Addition TITL 9 NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP TITE F Chance ☐ Addition THUE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/E ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I horeby 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.

FILED