2000 UNIFORM BUSINESS REPORT (UBR) 5. DOCUMENT # **V12346** Jun 27, 2000 8:00 am 1. Entity Name **Secretary of State** MYSOLO CORP. 05-17-2000 90909 045 \*\*\*150.00 Principal Place of Business Mailing Address 3034 SW 100 COURT 3034 SW 100 COURT MIAMI FL 33165 MIAMI FL 33165-2929 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0321027 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREZ-ARCHE, MARIO Street Address (P.O. Box Number is Not Acceptable) 807 SW 25TH STREET SUITE 201 MIAMI FL 33135 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 Fiorida. 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 8e After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. 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. CR2E034 (9/99) Addition TITLE Delete TITLE SOTO, LORENZO NAME NAME STREET ADDRESS STREET ADDRESS 3034 SW 100 COURT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** 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 Change ☐ Addition Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change □ Addition ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME

13. I hereby certify that the information expedied 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 and on a courage 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 employees 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 altachment with an address of the course of the

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

BIGHATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

02/28/00

te Daytime Phone #