## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # V40705** 1. Entity Name ARES MICA, CORPORATION 04-27-2001 90352 008 \*\*\*150.00 Principal Place of Business Mailing Address 2240 W. 10TH AVE. 2240 W. 10TH AVE. 2000043 HIALEAH FL 33010 HIALEAH FL 33010 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 65-0340040 Not Applicable Country Zip 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 ARES, JESUS Street Address (P.O. Box Number is Not Acceptable) 2379 W 9TH LN STE 7 HIALEAH FL 33010 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete ☐ Change Addition CR2E034 (10/00 ARES, JESUS NAME STREET ADDRESS 2379 W 9TH LN STREET ADDRESS CITY-ST-7IP HIALEAH FL CITY-ST-ZIP TITLE ☐ Delete Channe Addition NAME ARES, JESUS JR STREET ADDRESS 2379 W 9TH LN STREET ADDRESS CITY-ST-71P CITY-ST-ZIP HIALEAH FL TITLE ☐ Delete TiTLE Change Addition NAME ARES, MANUEL NAME STREET ADDRESS 2379 W 9TH LN STREET ADDRESS CITY-ST-71P HIALEAH FL CITY-ST-ZiP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME

13. Thereby 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 eath; 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

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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STREET ADDRESS

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TITLE

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Change

Addition