FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

Jul 18, 2001 8:00 am **DOCUMENT # V45933 Secretary of State** 1. Entity Name EL SEGUNDO PALACIO DE LOS JUGOS CORPORATION 07-18-2001 90010 012 ***550.00 Principal Place of Business ; Mailing Address 10140 SOUTHWEST 56TH STREET 10140 SOUTHWEST 56TH STREET MIAMI FL 33165 MIAMI FL 33165 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 65-0339468 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CALDERON, THOMAS H. Street Address (P.O. Box Number is Not Acceptable) 950 NW 123RD CT **MIAMI FL 33182** Zip Code 🟂 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 _ DATE 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition ☐ Change Delete TITLE TITLE BERMUDEZ, HERMENEGILDO NAME STREET ADDRESS STREET ADDRESS 541 E.38TH STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL SD Change ☐ Addition X Delete TITLE TITLE GONZALEZ, LEONIDES NAME 9591 SW 52ND TERR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE GUNZALEZ LEUNIDES NAME NAME STREET ADDRESS STREET ADDRESS 6000 SW 92 AVL. CITY-ST-7IP CITY-ST-ZIP f=1-Change - Addition TITLE TITLE-BERMUDEL HERMENE GILDU NAMÉ NAME 200 NW 56 COURT MAM: FL 33126 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 Change Addition TITLE ☐ Delete TITLE NAME 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 eath; that I am an efficer 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