2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **V48317** Apr 03, 2000 8:00 am Secretary of State 1. Entity Name PALMETTO PLAZA CORP. 04-03-2000 90125 006 ***150.00 Mailing Address Principal Place of Business 700 S.W. 36TH AVENUE 700 S.W. 36TH AVENUE MIAMI FL 33135-4124 **MIAMI FL 33135** 3. Mailing Address 2. Principal Place of Business 36635.W. STH STREET 3663 S.W STH STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE THIRD-ELOOR City & State City & State Applied For 4. FFI Number 65-0344014 MIAMI - FLORIDA FLORIDA MIAMI Not Applicable Zip 33135 Country U.S.A. \$8.75 Additional 5. Certificate of Status Desired 3135 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VALLS, FELIPE A SR Street Address (P.O. Box Number is Not Acceptable) 3663 SW 8TH STREET THIRD FLOOR **MIAMI FL 33135** 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE ☐ Delete TITLE VALLS, FELIPE A SR NAME NAME STREET ADDRESS STREET ADDRESS 3663 SW 8TH STREET THIRD FLOOR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition TITLE VPS ☐ De!ete TITLE NAME TORRES, DENAVARRA C NAME STREET ADDRESS STREET ADDRESS 3663 SW 8 STREET THIRD FLOOR CITY-ST-7IP CITY-ST-ZIP Miami fl ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

of the corporation or the receiver of trusted empowered to the like empowered changed, or on an attachment with an address, with all other like empowered CARLos Tornes DENANARIA

CR2F034 (9/99)