2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 179616 Apr 17, 2000 8:00 am Secretary of State LAS OLAS APARTMENTS, INC. 04-17-2000 90105 006 ***150.00 Mailing Address Principal Place of Business C/O WILLIAM MAZZOCCO C/O PETER J KIEP 3643 ALTA VISTA AVE 2400 DRICKS ISLE APT F1 SANTA ROSA CA 95409-4048 FT LAUDERDALE FL 33301 60000040 2. Principal Place of Business 3. Mailing Address C/O WILLIAM MAZZUCCO Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Z HENDRICKS ISLE Applied For City & State 4. FEI Number City & State 59-0998954 Not Applicable LAVOBLOALE Country **\$8.75** Additional 5. Certificate of Status Desired 3330 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAMMOND, PAUL Street Address (P.O. Box Number is Not Acceptable) 6185 WOODBURY RD **BOCA RATON FL 33433** Zip Code submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name PAUL S, HAMMON SIGNATURE DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to catisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to d After MAY 1, 2000 Fee will be \$550.00 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. Change . TAMES GROTH **X** Delete TITLE TITLE MOUNTAINSIOE CORP. HARTMAN, KAREN NAME. NAME HIGH HILL ROMO 8157 UXBRIDGE DR STREET ADDRESS STREET ADDRESS WALLING FORD, LT 06492 CITY-ST-ZIP CITY-ST-ZIP ORLAND PARK IL 60462 TITLE ☐ Delete TITLE KIEP, PETER NAME NAME STREET ADDRESS STREET ADDRESS 3643 ALTA VISTA AVE CITY-ST-ZIP CITY-ST-ZIP SANTA ROSA CA 95409 D. ☐ Delete TITI F TITLE MAZZUCCO, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 1351 MAIN ST CITY-ST-ZIP CITY-ST-ZIP CHATHAM MA 02633 PD Change ☐ Addition ☐ Delete TITLE TITLE HAMMOND, PAUL NAME NAME 6185 WOODBURY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Delete ☐ Change ☐ Addition TITLE TITLE KATSIVALIS, HELEN NAME 17 W061 WOODLAND AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BENSENVILLE IL 60106** ☐ Change Addition Delete TITLE TITLE NILES, RONALD NAME NAME STREET ADDRESS 5237 BERNEDA DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **FLINT MI 48506** 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL S, HAMMOUD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL S, HAMMOUD