FILED

,2001 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2001 8:00 am Secretary of State **DOCUMENT # 602017** ALLEN, NORTON & BLUE, P.A. 04-12-2001 90161 035 ***150.00 Principal Place of Business Mailing Address 121 MAJORCA 121 MAJORCA CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1287650 Not Applicable Zip 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 Name NORTON, ROBERT L. Street Address (P.O. Box Number is Not Acceptable) 121 MAJORCA **CORAL GABLES FL 33134** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10.- Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. 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 TITI F ☐ Delete TITLE ☐ Channe Addition NORTON, ROBERT L. NAME NAME STREET ADDRESS 121 MAJORCA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES, FL 00000 TITLE ☐ Change ☐ Addition TITLE ☐ Delete ALLEN, REYNOLDS NAME NAME STREET ADDRESS 121 MAJORCA STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 00000 CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete BLUE, JAMES M. NAME NAME STREET ADDRESS 121 MAJORCA STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 00000 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NORTON, SUSAN P NAME NAME STREET ADDRESS 121 MOJORCA STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL 33134** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition LEVITT, MARK E NAME NAME STREET ADDRESS 121 MAJORCA STREET ADDRESS CITY-ST-7IP **CORAL GABLES FL 33134** CITY-ST-ZIP TITLE ☐ Delete TITLE Addition HELSBY, WAYNE L NAME NAME STREET ADDRESS 121 MAJORCA STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **CORAL GABLES FL 33134**

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 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 ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01 305-445-780