2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 28, 2003 8:00 am \$ Secretary of State 04-28-2003 90526 000 602017 DOCUMENT # 1. Entity Name ALLEN, NORTON & BLUE, P.A. 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. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES . City & State City & State Applied For 59-1287650 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent, NORTON, ROBERT L. Street Address (P.O. Box Number is Not Acceptable) 121 MAJORCA CORAL GABLES FL 33134 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of re ent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/02) TITLE Delete TITLE Change ☐ Addition NORTON, ROBERT L. NAME NAME 121 MAJORCA STREET ADDRESS STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP CITY-ST-ZIP ASVP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GOMEZ, RODOLFO NAME NAME STREET ADDRESS 121 MAJORCA STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP TITLE ۷P Delete TITLE 💳 SAMPO, PETER L NAME NAME 121 MAJORCA STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP D٧ TITLE ☐ Delete TITLE □ Change ☐ Addition NORTON, SUSAN P NAME NAME STREET ADDRESS 121 MOJORCA STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP **SVPD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEVITT, MARK E NAME NAME STREET ADDRESS 121 MAJORCA STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-7IP TITLE ☐ Delete TITLE □ Change Addition HELSBY, WAYNE L NAME NAME

12. 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 trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

STREET ADDRESS

CITY-ST-ZIP

GNATURE:

STREET ADDRESS

CITY-ST-7IP

121 MAJORCA

CORAL GABLES FL 33134