2002 UNIFORM BUSINESS REPORT (UBR)

Jan 29, 2002 8:00 am § Secretary of State **DOCUMENT # 714905** 1. Entity Name 01-29-2002 90045 010 ****61.25 915 BUILDING, INC. Mailing Address Principal Place of Business 915 JEFFERSON AVE. 915 JEFFERSON AVE. MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 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 NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PRIETO, GERARDO C. 915 JEFFERSON AVE. #3-A Zip Code City **MIAMI BEACH FL 33139** 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) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. PDT ☐ Change Addition TITLE ☐ Delete TITLE PRIETO, GERARDO C. NAME NAME 915 JEFFERSON AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL TITLE ☐ Change ☐ Addition ☐ Delete TITLE MARTINEZ, BERTHA A NAME NAME 915 JEFFERSON AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL. TITLE Addition TITL F Delete MARK RITCHIE #4-D wolgott: Nancx:M NAME NAME STREET ADDRESS 915 JEFFERSON AVE MIAMI BEACH FL 915 JEFFERSON AVE STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP MIAMI BEACH FL ☐ Change Addition TITLE ☐ Delete TITI F KAUFMAN, HANK NAME STREET ADDRESS 915 JEFFERSON AVE STREET ADDRESS CITY-ST-ZIP MIAMI BCH FL CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

1/12/2002 (305)673-1345

FILED

(9/01) CR2E037