FILED

## 200 NOT-FOR-PROFIT CORPORATION -UNIFORM BUSINESS REPORT (UBR)

## Feb 09, 2004 8:00 am Secretary of State **DOCUMENT # 714905** 1. Entity Name 02-09-2004 90062 045 \*\*\*\*61.25 915 BUILDING, INC. Principal Place of Business Mailing Address 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. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number NOT APPLICABLE Applied For Not Applicable 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 PRIETO, GERARDO C. Street Address (P.O. Box Number is Not Acceptable) 915 JEFFERSON AVE. #3-A MIAMI BEACH FL 33139 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 (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution, Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. 10. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE ☐ Change ☐ Addition PRIETO, GERARDO C. NAME 915 JEFFERSON AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI-BEACH FL CITY-ST-ZIP ☐ Delete · 🔲 Addition TITLE TITLE MARTINEZ, BERTHA A NAME NAME STREET ADDRESS 915 JEFFERSON AVE. STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition RITCHIE, MARK NAME NAME STREET ADDRESS STREET ADDRESS 915 JEFFERSON AVE #4-D CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL TITLE ☐ Addition ☐ Delete KAUFMAN, HANK NAME NAME STREET ADDRESS 915 JEFFERSON AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BCH FL TITLE FRANK CALDERON ☐ Delete TITLE ☐ Addition FRANK CALDERON4-A NAME IT JEFFERSON AVE 4A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P -TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 iver or trustee emplowered to exort as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: