FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 25, 2000 8:00 am Secretary of State DOCUMENT # 717423 1. Entity Name 04-25-2000 90067 016 ****61.25 TERRACE VIEW TOWERS, INC. Principal Place of Business Mailing Address 240 COLLINS AVENUE 240 COLLINS AVENUE MIAMI BEACH FL 33139-7133 947366 MIAMI BEACH FL 33139 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1426522 Not Applicable Zip \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) VILLARI, JOSEPH J 240 COLLINS AVENUE 4E MIAMI BEACH FL 33139 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to **FILE NOW:** Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS BOARD Member OSEPH JUOZUNAS Change PD Delete TITLE TITLE VILLARI, JOE NAME NAME 240 COHINS AND #50 STREET ADDRESS STREET ADDRESS 240 COLLINS AVE #4E MIDEN BEACH 33139 CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Change ☐ Addition STD Delete TITLE NAME NAME CHEPYA, JEROME STREET ADDRESS STREET ADDRESS 240 COLLINS AVE #4F CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Change ☐ Addition ☐ Delete TITLE NAME SCOTT, IAN STREET ADDRESS STREET ADDRESS 240 COLLINS AVE, #2E CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Change ☐ Addition TITLE ☐ Delete JUOZUNAS, SOPHIA NAME NAME STREET ADDRESS STREET ADDRESS 240 COLLINS AVE. #5E CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Addition ☐ Delete TITLE TITLE NAME NAME GARRASTAZU, ANA STREET ADDRESS STREET ADDRESS 240 COLLINS AVE. #2F CITY-ST-ZIP CITY-ST-ZIP MIAMI BCH. FL 33139 TITLE Change Addition ☐ Delete TITLE NAME MARQUEZ, HILDA NAME STREET ADDRESS STREFT ADDRESS 240 COLLINS AVE., #2G CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139

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. 305

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