2002 UNIFORM BUSINESS REPORT (UBR)

May 28, 2002 8:00 am Secretary of State **DOCUMENT # 756302** 1. Entity Name 05-28-2002 91514 028 ****70.00 MIAMI BEACH COMMUNITY DEVELOPMENT CORPORATION, I NC. Principal Place of Business Mailing Address 945 PENNSYLVANIA AVE 945 PENNSYLVANIA AVE MIAM! FL 33139 MIAMI FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. _ DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2110264 Not Applicable Zip Zip Country 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 Street Address (P.O. Box Number is Not Acceptable) DATORRE, ROBERTO 945 PENNSYLVANIA AVE **MIAMI FL 33139** Zip Code FL 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 SIGNATÜRE registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ξ. 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE 1\$ (\$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE X Delete TITLE LIOTTA, LISA NAME NAME STREET ADDRESS 230 COLLINS AVE 6B STREET ADDRESS CITY-ST-ZIP MIAMI FL 33139 CITY-ST-ZIP Delete ☐ Change Addition TITLE DATORRE, ROBERTO NAME STREET ADDRESS 410 16TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33139 TITLE ☐ Delete TITLE ☐ Change Addition NAME SINE. DAVID NAME STREET ADDRESS 334 WASHINGTON AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33139 TITLE ☐ Delete TITI F Change Addition NAME tomlin, don NAME STREET ADDRESS STREET ADDRESS 238 SAN MARION D CITY-ST-ZIP CITY-ST-ZIP Miami FL 33139 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Kennedy, Karl NAME STREET ADDRESS STREET ADDRESS 945 PENNSLYVANIA AVE CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33139** AT Delete Addition 2 TITLE TITLE GANCISDO, JOSE NAME NAME STREET ADDRESS 945 PENNSYLVANIA AVE STREET ADDRESS renneuwanian! CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33139** Broch - al 3333

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.

SIGNATURE: SIGNATURE REQUIRED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305.538.0090

FILED