2000 UNIFORM BUSINESS REPORT (UBR)

with an address, with all other like empowered.

NATURE

THE NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # F72235 Jan 24, 2000 8:00 am **Secretary of State** LUCERNE MERGED CONDOMINIUMS, INC. 01-24-2000 90005 035 ***150.00 Principal Place of Business Mailing Address % DAVID B. MCCAIN, ESQ. 700 NW 107 AVENUE 700 NW 107TH AVENUE MIAMI FL 33172 (UD41b MIAMI FL 33172-3161 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0576452 Not Applicable \$8.75 Additional Country Zip Zip 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 MCCAIN, DAVID B., ESQ. Street Address (P.O. Box Number is Not Acceptable) 700 NW 107TH AVENUE MIAMI FL 33172 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 SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Addition ☐ Change ☐ Delete TITLE MILLER, LEONARD NAME 700 NW 107TH AVE, 4TH FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition ☐ Change ٧S ☐ Delete TITLE MCCAIN, DAVID B NAME NAME 700 NW 107 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** ☐ Change Addition TITLE ☐ Delete TITLE PEKOR, ALLAN J. NAME NAME 700 NW 107TH AVE, 4TH FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE MALCOLM, WAYNEWRIGHT NAME STREET ADDRESS 700 NW 107TH AVE, 4TH FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** Change ☐ Addition PD TITLE ☐ Delete TITLE MILLER, STUART A NAME STREET ADDRESS 700 NW 107TH AVE. 4TH FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **MIAMI FL 33172** Addition ☐ Change ☐ Delete TITLE TITLE SIERRA, KATHLEEN E. NAME NAME STREET ADDRESS STREET ADDRESS 700 NW 107TH AVE, 4TH FL CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

DAVID B. McCAIN

Date

Daytime Phone #