2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
03-19-2001 90498 042 ***150.00

DOCUMENT # H08028

1. Entity Name
NC PROPERTIES, INC.

Principal Place of Business	Mailing Address
11511 ~~S.W. 57TH AVENUE~~ ~~MIAMI FL 33156~~	~~11511 S.W. 57TH AVENUE~~ ~~MIAMI FL 33156~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address c/o DONALD A. KRESS
NORTHERN TRUST BANK	NORTHERN TRUST BANK
Suite, Apt. #, etc. 700 BRICKELL AVE	Suite, Apt. #, etc. 700 BRICKELL AVE.
City & State MIAMI, FL	City & State MIAMI FL
Zip 33131 / Country	Zip 33131 / Country

4. FEI Number 59-2491295 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M.
~~1111 LINCOLN ROAD~~
~~SUITE 600~~
~~MIAMI BEACH FL 33139~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 1 S.E. 3RD AVE.
SUITE 2400
City MIAMI FL Zip Code 33131

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 NICHOLAS M. DANIEL
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NORMAND, EDMUND PO BOX 568188 ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SCOTT, JAMES H 10300 SW 59TH AVE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James H. Scott 3/15/01 305-666-0674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #