2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N08892 Mar 30, 2000 8:00 am 1. Entity Name **Secretary of State** PALMER HOUSE, INC. 03-30-2000 90033 008 ****61.25 Principal Place of Business Mailing Address 11440 N. KENDALL DR 11440 N. KENDALL DR STE E-209 STF F-209 MIAMI FL 33176-1044 MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2533809 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) FITZGERALD, J. PATRICK ESQUIRE 110 MERRICK WAY SUITE 2-C City Zip Code CORAL GABLES FL 33134 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Delete ☐ Addition TITLE QUINLIVAN, J. MARK NAME STREET ADDRESS STREET ADDRESS 5730 SW 74 ST., STE 300 CITY-ST-ZIP CITY-ST-ZIP S. MIAMI FL ☐ Addition Change TITLE VD. ☐ Delete TITLE ABELLO, EUGENE NAME NAME STREET ADDRESS STREET ADDRESS 2736 SW 7TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition Change Change TITLE SD XX Delete TITLE CONWAY, LAURENCE NAME NAME STREET ADDRESS STREET ADDRESS 17775 NORTH BAY RD. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL XX Delete Change ☐ Addition TD TITLE MCCAUL, MICHAEL NAME STREET ADDRESS STREET ADDRESS 2251 YUCCA AVENUE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL XX hange ☐ Addition ☐ Delete TITLE TITLE NAME STEIBEL, GARY R NAME Steibel, Gary R. STREET ADDRESS STREET ADDRESS 123 NW 6TH AVE 123 NW 6th Ave. CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL Hallandale, FL Change ☐ Addition 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 eath; 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Mark Quinlivan 🤌