2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 20, 2000 8:00 am Secretary of State **DOCUMENT # N19563** 1. Entity Name SAWGRASS INTERNATIONAL CORPORATE PARK ASSOCIATIO 03-20-2000 90146 029 ****65.00 Principal Place of Business Mailing Address 6400 N. ANDREWS AVE. 6400 N. ANDREWS AVE. FT. LAUDERDALE FL 33309 4TH FLOOR 02/0/2 FT. LAUDERDALE FL 33309-2172 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City, & State 65-0043186 Not Applicable Zip Country Zip Country \$8.75 Additional 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) **DUKE, BRYAN** C/O STILES CORPORATION 6400 N ANDREWS AVE City Zip Code FT. LAUDERDALE FL 33309 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 Make Check Payable to FILE NOW: \$5.00 May Be 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 11. TITLE David Siegel ☐ Change ★ Addition TITLE X No elete 6400 N. Andrews Ave. 4th FL NAME FLEISHER, STEVE NAME STREET ADDRESS STREET ADDRESS 6400 N ANDREWS AVE, 4TH FLOOR 33309 Ft. Lauderdale, FL CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 ☐ Addition ☐ Change Delete TITLE TITLE SD NAME NAME BURTON, MEL STREET ADDRESS STREET ADDRESS 6400 N ANDREWS AVE., 4TH FLOOR CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 ☐ Change ☐ Addition TITLE ☐ Delete TD NAME NAME STILES, TRESA STREET ADDRESS STREET ADDRESS 6400 N. ANDREWS AVE., 4TH FLOOR CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ Change ★ Addition TITLE TITLE Domingo Castro Delete NAME NAME HANSEN, STEVE 4th FL 6400 N. Andrews Aven. STREET ADDRESS STREET ADDRESS 6400 N. ANDREWS AVE, 4TH FLOOR 33309 Ft. Lauderdale, FL CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ Delete TITLE Change Addition TITI F NAME NAME GONZALEZ, MANNY STREET ADDRESS STREET ADDRESS 6400 N ANDREWS AVENUE 4TH FLOOR CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of 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 appears, with all other like empowered.

REQUIRED

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: