FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2001 8:00 am **DOCUMENT # N38784** Secretary of State 1. Entity Name 02-13-2001 90591 001 ****70.00 PROJECT REEFKEEPER, INC. Principal Place of Business Mailing Address 2809 BIRD AVENUE 2809 BIRD AVE 00017000 **SUITE 162** PMB 162 **MIAMI FL 33133** MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0208538 Not Applicable Zip Country 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 Street Address (P.O. Box Number is Not Acceptable) STONE, ALEXANDER 2809 BIRD AVENUE City MI AMI **MIAMI FL 33149** 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. PRESIDENT Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition ☐ Delete PD TITLE A-change TITLE NAME STONE, ALEXANDER NAME 2809 BIRD AVE-PMB162 STREET ADDRESS STREET ADDRESS 459 SW 18TH TERRACE MIAMI, FL 33/33 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 7 Change SD ☐ Delete TITLE Addition TITLE NAME DURANZA, LADISLAO NAME 2809 BIRD AVE-PMB/62 STREET ADDRESS STREET ADDRESS 1353 SW 1 ST #3 MIAMI, FL 33/33 CITY-ST-ZIP CITY-ST-2IP MIAMI FL Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME ARBUTHNOTT, KATHY 2809 BIRD AVE-PMB/62 STREET ADDRESS STREET ADDRESS **459 SW 18TH TERR** CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33/33 MIAMI FL TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITI F Addition Change NAME NAME STREET ADDRESS STREET ADDRESS 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 2-1-6

305.358.4600

Daytime Phone #