2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State
07-19-2000 90150 011 ***550.00

DOCUMENT # N94000005288

1. Entity Name

BEACON INDUSTRIAL PARK ASSOCIATION, INC.

Principal Place of Business	Mailing Address
TWO ALHAMBRA PLAZA PENTHOUSE II CORAL GABLES FL 33143	TWO ALHAMBRA PLAZA PENTHOUSE II CORAL GABLES FL 33134-5202

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
60 STATE STREET	60 STATE STREET
Suite, Apt. #, etc.: SUITE 3700	Suite, Apt. #, etc.: SUITE 3700
City & State: BOSTON, MA	City & State: BOSTON, MA
Zip: 02109 Country: USA	Zip: 02109 Country: USA

4. FEI Number: 65-0584413 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEFLER, HENRY TWO ALHAMBRA PLAZA PH II CORAL GABLES FL 33324	Name: KENT D. GREENAWALT Street Address (P.O. Box Number is Not Acceptable): 3999 NW 72nd AVE SUITE 207 City: MIAMI FL Zip Code: 33122

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] 5/8/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CODINA, ARMANDO TWO ALHAMBRA PLAZA, PENTHOUSE II CORAL GABLES FL 33134	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director KENT D. GREENAWALT 60 STATE STREET, SUITE 3700 BOSTON, MA 02109	☑ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEFELER, HENRY TWO ALHAMBRA PLAZA, PENTHOUSE II CORAL GABLES FL 33134	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director BRUCE FREEDMAN 60 STATE STREET, SUITE 3700 BOSTON, MA 02109	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIBSON, O. FORD TWO ALHAMBRA PLAZA, PENTHOUSE II CORAL GABLES FL 33134	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director LUIS BELMONTE 305 MONTGOMERY AVE. SAN FRANCISCO, CA 94111	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED [signature] 5/8/00 (617) 531-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #