2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

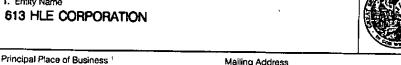
DOCUMENT # P02000079123

1. Entity Name

701 BRICKELL AVE STE 3000

MIAMI FL 33131

C/O CHRISTOPHER W. BOYETT, ESQ.



Mailing Address C/O CHRISTOPHER W. BOYETT, ESQ.

701 BRICKELL AVE STE 3000

MIAMI FL 33131

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

FILED Mar 13, 2003 8:00 am Secretary of State

02-27-2003 90110 022 ***150.00 03-13-2003 90087 023 ***150.00

CR2E034 (10/02)



2/,

☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 76-0708514 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INTRASTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVE STE 3000 MIAMI FL 33131 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE President Delete TITLE ☐ Addition Howard Estrin NAME

NAME c/o 701 Brickell Ave., #3000 STREET ADDRESS STREET ADORESS CITY-ST-ZIP Miami, FL 33131 CITY-ST-7IP Vice President TITLE TITLE ☐ Change ☐ Addition Lilian Estrin c/o 701 Brickell Ave., #3000 NAME STREET ADDRESS STREET ADORESS Miami, FL CITY-ST-ZIP 33131 CITY-ST- AP Secretary Lilian Estrin FITLE TITLE Addition NAME NAME c/o 701 Brickell Ave., #3000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami, FL CITY-ST-ZIP Treasurer TITLE TITLE Change Howard Estrin ☐ Addition NAME NAME c/o 701 Brickell Ave., #3000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami, FL 33131 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Howard Estrin & Lilian Estrin NAME NAME STREET ADORESS c/o 701 Brickell Ave., #3000 STREET ADDRESS CITY-ST-ZIP Miami, FL 33131 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 or trustee empowered to execute this report as required by Chapter 607. 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP