2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P92000003696** Feb 03, 2000 8:00 am **Secretary of State** ANDREW BAUMANN BUILDER, INC. 02-03-2000 90027 049 ***150.00 Principal Place of Business Mailing Address P.O. BOX 402532 P.O. BOX 402532 MIAMI BEACH FL 33140-0532 MIAMI BEACH FL 33140-0532 3. Mailing Address 2. Principal Place of Business Yok Oskius Pox DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0368074 Not Applicable \$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 BAUMANN, ANDREW x Number is Not Acceptable) 4444 S.W. 71ST AVE. SUITE 110 MIAMI FL 33155 the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity his statemer Signature, typed o FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. TITLE TITLE ☐ Delete BAUMANN, ANDREW 9.0. BOX 402534 NAME NAME 4444 S.W. 71 AVE., SUITE 110 STREET ADDRESS STREET ADDRESS MIDONI BROCK, TOLIPA 33140.0532 CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 supplimental hyport 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 receivery trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment wi o address, with all of

SIGNATURE: