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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000055725

1. Entity Name
SPECIAL INVESTIGATIONS GROUP, INC.

FILED
01 JUL 17 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
540 NW 165TH STREET SUITE 110 MIAMI, FLORIDA 33169	540 NW. 165TH STREET SUITE 110 MIAMI, FLORIDA 33169

2. Principal Place of Business	3. Mailing Address
	14629 SW 104TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 340
City & State	City & State MIAMI, FLORIDA
Zip / Country	Zip 33186 / Country U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1479450 ☐ 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
HKEF REGISTERED AGENT CORP. 2601 SOUTH BAYSHORE DRIVE SUITE 600 MIAMI, FLORIDA 33133	Name: CORPORATATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET City: TALLAHASSEE FL Zip Code 32301

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] Lynette Coleman as its agent DATE 7/13/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00 After MAY 1, 2001 Fee will be $550.00 Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE P NAME GILBERT R. COLON STREET ADDRESS 14629 SW 104TH STREET CITY-ST-ZIP MIAMI, FLORIDA 33186	☐ 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
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition

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CR2E034 (11/00)

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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ACCOUNT NO. : 072100000032

REFERENCE : 221034 11654A

AUTHORIZATION :

COST LIMIT : $ 550.00

ORDER DATE : July 13, 2001

ORDER TIME : 11:04 AM

ORDER NO. : 221034

CUSTOMER NO: 11654A

CUSTOMER: Ms. Jacky C. Portal
Holtzman, Equels & Furia
2601 South Bayshore Drive
Suite 600
Miami, FL 33133

CHANGE OF AGENT

NAME: SPECIAL INVESTIGATIONS GROUP, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson -- EXT# 1155

EXAMINER: _____