2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am § Secretary of State DOCUMENT # P96000024171 05-15-2001 90093 040 ***150.00 RICHMOND HEIGHTS TOWNHOUSE DEVELOPMENT CORPORATI Principal Place of Business Mailing Address 11434 S.W. 148 STREET 11434 S.W. 148 STREET MIAMI FL 33176 MIAMI FL 33176 80055211 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0676747 Not Applicable Zip 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 Name BROWN, SR., JAMES L Street Address (P.O. Box Number is Not Acceptable) 21831 S.W. 98 AVE. **MIAMI FL 33190** City Zip Code pose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE Delete TITLE ☐ Change BROWN, JAMES L NAME € NAME STREET ADDRESS STREET ADDRESS 21831 S.W. 98TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33190** ☐ Change ☐ Addition TITLE ☐ Delete TITI F PERAZZINI, GIULIANO NAME NAME 21831 S.W. 98TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33190 Addition ☐ Delete TITLE □ Change TITLE NAME **BROWN, TERESA** NAME STREET ADDRESS 21831 S.W. 98TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE MIAMI FL 33190 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE TITLE ☐ Change Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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

SIGNATURE:

EIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 305-233-3631