2002 UNIFORM BUSINESS REPORT (UBR)

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Feb 26, 2002 8:00 am Secretary of State DOCUMENT # P96000081396 1. Entity Name 02-26-2002 90074 044 ***150 00 422 LAND INVESTMENTS, INC. Principal Place of Business Mailing Address 422 SOUTH H STREET P.O. BOX 200 LAKE WORTH FL 33460 DEERFIELD BCH. FL 33443-0200 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 65-0703367 Not Applicable Zip Country Zip 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 BALAREZO, CHRISTOPHER T Street Address (P.O. Box Number is Not Acceptable) 3315 SW 2ND ST. **DEERFIELD BCH. FL 33442** Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE. Change Addition NAME BALAZERO, CHRISTOPHER T NAME STREET ADDRESS 3315 SW 2ND ST. STREET ADDRESS CITY-ST-ZIP DEERFIELD BCH. FL 33442 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ 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 CiTY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 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 or proceed one of attacked the report as the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 or proceed one of attacked by the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 or proceed one of attacked by the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 or proceed one of attacked by the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or proceed one of a statutes.

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