2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

FILED Feb 12, 2001 8:00 am Secretary of State DOCUMENT # P98000037273 THE SUPREME BUILDING CORPORATION 02-12-2001 90241 016 ***150.00 Principal Place of Business Mailing Address 500 FIFTH AVENUE SOUTH STE. 502 500 FIFTH AVENUE SOUTH STE. 502 NAPLES FL 34102 NAPLES FL 34102 AUDRIJOI 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 59-3510748 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Pee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REINA, LEONARD P Street Address (P.O. Box Number is Not Acceptable) 500 FIFTH AVENUE SOUTH STE. 502 NAPLES FL 34102 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition 3R2E034 (10/00) ☐ Change REINA, LEONARD P NAME 500 FIFTH AVENUE SOUTH STE. 502 STREET ADDRESS STREET ADDRESS NAPLES FL 34102 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HERNANDEZ, LOUIS NAME NAME STREET ADDRESS 500 FIFTH AVENUE SOUTH STE. 502 STREET ADDRESS CITY-ST-7IP NAPLES FL 34102 CITY-ST-7IP TITLE Delete TITLE Change ____:Addition: BROWN, ANDREA CLARK NAME NAME STREET ADDRESS 500 FIFTH AVENUE SOUTH STE. 502 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34102 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete [] 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-ZIP his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied with indicated on this report or supplemental peport is of the corporation or the receiver or trustee employers.

Daytime Phone #