2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
04-24-2001 90272 036 ***150.00

DOCUMENT # P98000090280

1. Entity Name
AMANDALYN REALTY CORP.

Principal Place of Business	Mailing Address
9500 SOUTH DADELAND BLVD. STE 702 ~~CORAL GABLES~~ FL 33156	9500 SOUTH DADELAND BLVD. STE 702 ~~CORAL GABLES~~ FL 33156-2849

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9655 South Dixie Highway	9655 South Dixie Highway
Suite, Apt. #, etc. 200	Suite, Apt. #, etc. 200
City & State Miami, FL	City & State Miami, FL
Zip 33156 Country USA	Zip 33156 Country USA

4. FEI Number 65-0873600 ☐ 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
~~TRUXTON, GREGG S ESQ~~ ~~2121 PONCE DE LEON BLVD., STE. 600~~ ~~CORAL GABLES FL 33134~~	Name Jeremy S. Larkin Street Address 9655 South Dixie Highway, Suite #200 City Miami, FL 33156

The above named entity submits ... amend its registered office or registered agent, or both, in the State ...

SIGNATURE _____ DATE 4/9/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

☐ 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, 2000 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		
TLE	PSTD	☐ Delete	TITLE		☒ Change ☐ Addition
AME	LARKIN, JEREMY S		NAME		
TREET ADDRESS	9500 SOUTH DADELAND BLVD., STE 702		STREET ADDRESS	9655 South Dixie Highway, Suite #200	
TY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP	Miami, FL 33156	
TLE		☐ Delete	TITLE		☐ Change ☐ Addition
AME			NAME		
REET ADDRESS			STREET ADDRESS		
TY-ST-ZIP			CITY-ST-ZIP		
TLE		☐ Delete	TITLE		☐ Change ☐ Addition
AME			NAME		
REET ADDRESS			STREET ADDRESS		
Y-ST-ZIP			CITY-ST-ZIP		
LE		☐ Delete	TITLE		☐ Change ☐ Addition
ME			NAME		
REET ADDRESS			STREET ADDRESS		
-ST-ZIP			CITY-ST-ZIP		
E		☐ Delete	TITLE		☐ Change ☐ Addition
E			NAME		
EET ADDRESS			STREET ADDRESS		
-ST-ZIP			CITY-ST-ZIP		
E		☐ Delete	TITLE		☐ Change ☐ Addition
E			NAME		
EET ADDRESS			STREET ADDRESS		
-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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 rec... 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 attachme... or like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/9/01 Date — 305-938-4000 x102 Daytime Phone #