05-06-2000 90138 001 - 300.00 SECRETARY OF STATEONS DIVISION OF CORPORATIONS 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000045141 1. Entity Name SANDMILL HOLDINGS I, INC. 81:3 M9 01 IUT 00 Mailing Address Principal Place of Business 901 PONCE DE LEON BLVD. 901 PONCE DE LEON BLVD. SUITE #601 12632 SUITE #601 CORAL GABLES FL 33134-3073 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SEGREDO, FRANK J ESQ. Street Address (P.O. Box Number is Not Acceptable) 901 PONCE DE LEON BLVD. **SUITE #601** CORAL GABLES FL 33134 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition CR2E034 (9/99 DS.T Delete TITLE TITLE FÁRAJ, JORGE JUAN FARAJ, JORGE ALBERTO NAME NAME 6902 N.W. 111TH AVENUE STREET ADDRESS 6902 N.W. 111TH AVENUE STREET ADDRESS CITY-ST-Zip MIAMI, FLORIDA 33178 CITY-ST-ZIP MIAMI FL 33178 D, VP ☐ Change Addition TITLE ☐ Delete TITLE FARAJ, LIEY NAME NAME STREET ADDRESS 6902 N.W. 111TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI. FLORIDA 33178 CITY-ST-ZIP Change (X) Addition TITLE D. VP ☐ Delete TILLE NAME FARAJ, MARIO ROBERTO NAME STREET ADDRESS STREET ADDRESS 6902 N.W. 111TH AVENUE CITY-ST-ZIP CITY-ST-ZIP <u>MIAMI. FLORIDA 33178</u> me Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE mle NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADORESS 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 if changed, or on an attachment with an address, with all other like empowered. CERLUSIO 1305 / 500 -7 SIGNATURE: SIGNATURE AND TYPED OR PRY NTED NAME OF SIGNING OFFICER OR DIRECTOR