2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000084383 Aug 08, 2000 8:00 am Secretary of State 1. Entity Name ALMAR INVESTMENT REALTY, INC. 08-08-2000 90092 034 \*\*\*150.00 Principal Place of Business Mailing Address 8550 WEST FLAGLER ST 8550 WEST FLAGLER ST SUITE 116 SUITE 116 **MIAMI FL 33144** MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address 9600 9600 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable 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 larlen ORIA, MARLEN A Street Address (P.O. Box Number is Not Acceptable) 8550 WEST FLAGLER ST SUITE 116 MIAMI FL 33144 City as statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits SIGNATURE or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Signature, type FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min, will be \$750.00 Tax filing 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 12. 11. CR2E034 (5/00) PD ☐ Addition TITLE ☐ Delete TITLE PD Change Oria, Marlen A . St Suite 50 ORIA, MARLEN A NAME NAME STREET ADDRESS STREET ADDRESS 8550 WEST FLAGLER ST CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33144 ☐ Change □ Addition TITLE ☐ Delete DIRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE\_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

SIGNATURE:



July 31, 2000

Division of Corporations Uniform Business Report Filings P. O. Box 1500 Tallahassee, Florida 32302-1500

Re: Uniform Business Report

Dear Sir:

I just received the second notice of the Uniform Business Report. I have relocated my office and did not receive the first report. Also, since this is my first year with a corporation, I was not aware that the filing date was in May.

Please excuse this oversight on my part and accept the \$150.00 fee. Please do not hesitate to notify me if there are any problems with this report at 305-586-2088 cell or the office number of 305-225-4645.

Sincerely,

Marlen A. Oria

Broker

Enclosures