## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2000 8:00 am Secretary of State DOCUMENT # S01327 1. Entity Name PENSACOLA INVESTMENTS, INC. 04-27-2000 90100 011 \*\*\*150.00 Principal Place of Business Mailing Address 7900 MIAMI LAKES DRIVE WEST 7900 MIAMI LAKES DRIVE WEST 33016 MIAMI LAKES, FL MIAMI LAKES, FL 33016 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0220464 · Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRAFMAN, HOWARD J. Street Address (P.O. Box Number is Not Acceptable) 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016 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 registerad 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 ☐ Addition TITLE ☐ Delete TITLE DSVP BRAFMAN, HOWARD J. NAME NAME 7900 MIAMI LAKES DRIVE WEST STREET ADDRESS STREET ADDRESS MIAMI LAKES, FL 33016 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE DCP NAME NAME KISLAK, JAY I. 7900 MIAMI LAKES DRIVE WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES, FL <u>33016</u> ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME BARTELMO, THOMAS 7900 MIAMI LAKES STREET ADDRESS STREET ADDRESS DRIVE WEST CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES, FL Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE HILLE NAME STREET ADDRESS STREET ADDRESS DIT ST ZIP CATY-ST-ZIP Change ☐ Addition ☐ Delete TITLE IIILE NAME STREET ADDRESS STREET ADDRESS - 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 atta all other e empowered

AME OF SIGNING OFFICER OF DIRECTOR
SENIOR VICE PRESIDENT

SIGNATURE:

April 18, 2000 (305)

364-4213