## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 22, 2000 8:00 am Secretary of State **DOCUMENT # K13577** 1. Entity Name GEORGE BEFELER, P.A. 04-22-2000 90025 016 \*\*\*150.00 Mailing Address Principal Place of Business 400 SE-2ND-ST-SUITE-3700-100 SE-2ND-ST-SUITE-9700 150 W-FLAGLER CT.-MUSEUM TOWER. #2701 150 W FLAGLER ST. MUSEUM TOWER #2701 MIAMI FL 33131 MIAMI FL 33131-2101 HS 2. Principal Place of Business 3. Mailing Address 701 Brickell Avenue 701 Brickell Avenue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite 2000 Suite a000 City & State 4. FEI Number Applied For City & State 65-0025554 tiami Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Stansonau USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEFELER, GEORGE, ESQ. Street Address (P.O. Box Number is Not Acceptable) NATIONS BANK, 97 FLR 701 Brickell Avenue 100 SE 2ND ST 501te 2000 MIAMI FL 33131 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. George Befeler (NOTE: Registered Agent signal re required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DΡ Addition TITLE ☐ Delete TITLE Change Befeler, George Esq NAME BEFELER, GEORGE, ESQ. NAME 701 Brickell Avenue, Suite 2000 STREET ADDRESS STREET ADDRESS 100 SE 2ND AVE, #3/00 CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33131 MIAMI FL Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Befeler 4/13/00