2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034026 May 15, 2000 8:00 am Secretary of State BRICKELL BAY PLAZA, INC. 05-15-2000 90284 008 ***150.00 Principal Place of Business Mailing Address ONE BAYFRONT PLAZA. SUITE 1100 ONE BAYFRONT PLAZA, SUITE 1100 100 SOUTH BISCAYNE BLVD. 100 SOUTH BISCAYNE BLVD. MIAMI FL 33131-2011 **MIAMI FL 33131** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0749541 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLLO, TIBOR Street Address (P.O. Box Number is Not Acceptable) ONE BAYFRONT PLAZA, SUITE 1100 100 SOUTH BISCAYNE BLVD. MIAMI FL 33131 Zip Code City FL 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** (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DPS ☐ Delete TITLE Addition TITLE NAME HOLLO, TIBOR NAME STREET ADDRESS STREET ADDRESS ONE BAYFRONT PLAZA, SUITE 1100 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Change ☐ Addition TITLE TITLE Delete NAME NAME STREET-ADOMESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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