

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000001368**

1. Entity Name

**305-672-9200 MANAGEMENT, INC.****FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90027 044 \*\*\*158.75

016896

Principal Place of Business

**235 LINCOLN ROAD, SUITE 204**  
**MIAMI BEACH FL 33139**

Mailing Address

**235 LINCOLN ROAD, SUITE 204**  
**MIAMI BEACH FL 33139**2. Principal Place of Business  
**437 41st St.**3. Mailing Address  
**437 41st St.**Suite, Apt. #, etc.  
**200**Suite, Apt. #, etc.  
**200**City & State  
**Miami Beach, FL**City & State  
**Miami Beach, FL**Zip  
**33140**Country  
**USA**Zip  
**33140**Country  
**USA**4. FEI Number **65-0884467**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****CACTUS HOLDINGS**  
**234 LINCOLN ROAD #204**  
**MIAMI BCH FL 33139****7. Name and Address of New Registered Agent**Name  
**Cactus Holdings, LLC**  
Street Address (P.O. Box Number is Not Acceptable)  
**437 41st St. #210**  
**Miami Beach, FL 33140**  
City **FL** 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  **M/Cactus Holdings, LLC 4/25/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **D** ☒ Delete  
NAME **SCHMITT, R S**  
STREET ADDRESS **235 LINCOLN ROAD, SUITE 204**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☒ Change ☐ Addition  
NAME **437 Arthur Godfrey RD**  
STREET ADDRESS **Miami Beach, FL 33140**  
CITY-ST-ZIP **D Schmitt, RS**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **D. 4/25/01****305-672-9200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)