CR2E034 (9/01

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am P93000052147 DOCUMENT # **Secretary of State** 1. Entity Name 02-05-2002 90141 041 ***150.00 SHOWPLACE OF FLAGLER, INC. Principal Place of Business Mailing Address C/O E.F. HUTTON REALTY 2000 SOUTH DIXIE HWY MIAMI FL 33131 SUITE 100 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0420748 Not Applicable Zip Country 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 Name FIELDSTONE, RONALD R Street Address (P.O. Box Number is Not Acceptable) 200 S. BISCAYNE BLVD. STE. 2100 MIAMI FL 33131 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, typed or printed name of registered 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 TITLE TITLE ☐ Delete GOLKAR, REZA DR. NAME NAME 11880 BIRD ROAD, ATE. 209 STREET ADDRESS STREET ADDRESS **MIAMI FL 33175** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition AGHA, ABDUL DR. NAME NAME 6701 SUNSET DR., STE. 200-B STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAM FL 33143 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE FIELDSTONE, RONALD R NAME NAME 200-S. BISCAYNE BLVD., STE. 2100. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change Change 🔲 Addi NAME NAME ¥5. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY = ST-ZIP. Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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.

Daytime Phone #