2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 25, 2002 8:00 am Secretary of State **DOCUMENT #** M40799 1. Entity Name CONTINENTAL GENERAL DEVELOPMENT CORP. 02-25-2002 90033 025 ***158.75 Principal Place of Business Mailing Address 2307 DOUGLAS ROAD 2307 DOUGLAS ROAD SUITE 500 SUITE 500 **MIAMI FL 33145** MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0231019 Not Applicable Zip Country Zip 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 ALAYO, WILSON J Street Address (P.O. Box Number is Not Acceptable) 2307 DOUGLAS ROAD SUITE 500 MIAMI FL 33145 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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ALAYO, WILSON J NAME NAME STREET ADDRESS 2307 DOUGLAS ROAD, SUITE 500 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33145** CITY-ST-7IP TITLE DVP ☐ Delete TITLE ☐ Change ☐ Addition NAME ALAYO, JOSE NAME STREET ADDRESS 2307 DOUGLAS ROAD, SUITE 500 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33145** CITY-ST-ZIP TITLE ☐ Delete Addition ☐ Change Juan J. Alayo Douglas Road saite 500 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIRMI . FL 33145 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 in 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.