2001 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2001 8:00 am **DOCUMENT # 170762 Secretary of State** ST JOHN PROPERTIES CORPORATION 01-30-2001 90143 042 ***158.75 Principal Place of Business Mailing Address % ST JOHN CDC % ST JOHN CDC 1324 NW 3RD AVE 1324 NW 3RD AVE MIAMI FL 33136 MIAMI FL 33136 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-0812121 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired X] -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LITTLE, JOHN M Street Address (P.O. Box Number is Not Acceptable) LEGAL SERVICES OF GREATER MIAMI 3000 BISCAYNE BLVD STE 500 **MIAMI FL 33137** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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. X Delete TITLE [X] Addition TITLE DAYS, DAVID GAY, GREGORY NAME NAME 1324 NW 3RD AVE 269 NW 7TH STREET, #421 STREET ADDRESS STREET ADDRESS MIAMI FL 33136 MIAMI, FLORIDA 33136 CITY-ST-ZIP CITY-ST-ZIP ☐ Change X Addition TITLE X Delete TITLE LITTLE, JOHN NAME NAME TURKEL, LEONARD 3000 BISCAYNE BLVD STE 500 STREET ADDRESS STREET ADDRESS 2871 OAK AVENUE CITY-ST-ZIP MIAMI FL 33137 CITY-ST-7/P COCONUT GROVE, FLORIDA 33133 _TITLE_ X Addition Change TITLE Delete NAME NAME ISAAC, DORIS P. STREET ADDRESS STREET ADDRESS 12455 E. RANDALL PARK DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAMI, FLORIDA 33147 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition 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: ___

GREGORY GA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECT

1/20/0

305-416-1435

Daytime Phone #

CRZE