2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 20, 2001 8:00 am Secretary of State **DOCUMENT # 209204** 1. Entity Name CORONET REALTY CORP. 02-20-2001 90009 019 ***150.00 Principal Place of Business Mailing Address 1300 N.W. 167TH STREET 1300 N.W. 167TH STREET MIAMI FL 33169 MIAMI FL 33169 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1149834 Not Applicable \$8.75 Additional Zip Country Country \Box 5. Certificate of Status Desired Éee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent بالمنطون والمراب المراسعين والرابي الم WEBB, JOAN JONES Street Address (P.O. Box Number is Not Acceptable) 1300 N W 167TH ST **MIAMI FL 33169** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD TITLE Change Addition ☐ Delete TITLE WEBB.JOAN JONES NAME STREET ADDRESS STREET ADDRESS 1300 N W 167TH ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL **本本**Addition Change VD XX Delete TITLE Vice President/Director TITLE ENGLEHART, BERTHA H WEBB, WILLIAM C. 1300 N. W. 167th Street Miami, Florida 33169-5738 NAME NAME 1300 N W 167TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIE MIAMI FL ☐ Addition ☐ Change STD ☐ Delete TITLE BURRELL, BETTY NAME NAME STREET ADDRESS 1300 N W 167TH ST. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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:

SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OF THE TOR

2/15/01

(305) 624-8585

Daytime Phone #

CR2E034 (10/00)