2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 227707 Apr 22, 2000 8:00 am Secretary of State 1. Entity Name DOOLEY REALTY, INC. 04-22-2000 90088 012 ***150.00 Mailing Address Principal Place of Business 12401 SOUTH DIXIE HIGHWAY 12401 SOUTH DIXIE HIGHWAY MIAMI FLA 33156-5934 **MIAMI FL 33156** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-6059753 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DOOLEY, BOBBE W. Street Address (P.O. Box Number is Not Acceptable) 12401 S. DIXIE HIGHWAY **MIAMI FL 33156** 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 DATE (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, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD ☐ Change Addition ☐ Delete TITLE TITLE DOOLEY, BOBBE W. NAME NAME 12401 S. DIXIE HWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Addition Delete ☐ Change TITLE TITLE DOOLEY, BOBBE W NAME 12401 S. DIXIE HWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-7/P ☐ Change Addition TITLE □ Delete TITLE DOOLEY, BOBBE W. NAME NAME 12401 S. DIXIE HWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF MIAMI FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 SIGNING OFFICER OR PRINTED NAME OF SIGNING NAME OF

4/17/00 305-235-632