## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # 271376 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name BRUSA, INC. 04-24-2000 90083 003 \*\*\*150.00 Mailing Address Principal Place of Business 1401 N.W. NORTH RIVER DRIVE 1401 N.W. NORTH RIVER DRIVE (POST OFFICE BOX 14-1156) (POST OFFICE BOX 14-1156) CORAL GABLES FL 33114-1156 CORAL GABLES FL 33114 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. # etc. City & State Applied For City & State 59-1118650 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 SMITH. OAKLEY G. Street Address (P.O. Box Number is Not Acceptable) 2535 SHELTER AVE. MIAMI BEACH FL 33140 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and tute if applicable 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE SMITH, OAKLEY G. NAME STREET ADDRESS STREET ADDRESS 2535 SHELTER AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE SMITH, OAKLEY G. NAME NAME STREET ADDRESS STREET ADDRESS 2535 SHELTER AVENUE CITY-ST-ZIP-CITY ST-ZIP MIAMI BEACH FL ~ Change ☐ Addition AS ☐ Delete TITLE NAME FORMAN, MAX STREET ADDRESS STREET ADDRESS 1501 LEJEUNE ROAD CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL ☐ Change Audition ☐ Delete TITLE TITLE AVP NAME NAME Oakley Jason Smith Addition STREET ADDRESS STREET ADDRESS 2535 Shelter Avenue CITY-ST-ZIP CITY-ST-7IP Miami\_Beach,\_Fla. ☐ Change **□** Addition ☐ Delete TITLE TITLE AVP2 NAME NAME Campbell Avery Smith Addition STREET ADDRESS STREET ADDRESS 2535 Shelter Avenue CITY-ST-ZIP CITY-ST-7IP Miami Beach, Fla. ☐ Change Addition TITLE ☐ Delete 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 of the section of the corporation or the receiver of the section an address, with all other like empowered.

ME OF SIGNING OFFICER

4/11/00