2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 15, 2000 8:00 am Secretary of State **DOCUMENT # 285825** 1. Entity Name 3900 TRAIL CO 02-15-2000 90047 013 ***150.00 Principal Place of Business Mailing Address 2600 S W 27TH AVE 2600 S W 27TH AVE **MIAMI FL 33133** MIAMI FL 33133-3005 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1107244 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TAYLOR, MARLENE T Street Address (P.O. Box Number is Not Acceptable) 2600 S W 27TH AVE MIAMI, FL 33133 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 12. OFFICERS AND DIRECTORS Addition ☐ Delete TITLE Change TITLE TATHAM, BERNICE NAME NAME 2600 S W 27TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 CITY-ST-ZIP VPSD ☐ Change ☐ Addition ☐ Delete TITLE TITLE TAYLOR, MARLENE T. NAME NAME 2600 SW, 27TH AVE. STREET ADDRESS STREET ADDRESS **MIAMI FL 33133** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS SIREEL ADDRESS : ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE HILLE NAME ADDRESS STREET ADDRESS 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 respired 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: