2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 29, 2001 8:00 am **DOCUMENT # 350030** Secretary of State WYCLIFFE COMPANY 03-29-2001 90376 012 ***158.75 Principal Place of Business Mailing Address 600 NE 55TH TERRACE 600 NE 55TH TERRACE MIAMI FL 33137-1316 MIAMI FL 33137-1316 001000 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1319279 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 TERRY; HAROLD Street Address (P.O. Box Number is Not Acceptable) 600 NE 55TH TERRACE MIAMI FL 33137 - 23/6 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Delete TITLE Change Addition TERRY, HAROLD NAME NAME 600 NE 55TH TERRACE STREET ADDRESS STREET ADDRESS MIAMI, FL 33137-2816 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE TERRY, HAROLD NAME NAME STREET ADDRESS 600 NE 55TH TERRACE STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition TERRY, LEWIS I NAME NAME 304_STEPHEN STREET STREET ADDRES STREET ADDRESS LAMONT, IL 60439 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete ☐ Addition CLEARE, EARLE NAME 145 MARGATE MEWS STREET ADDRESS STREET ADDRESS LONGWOOD FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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: _