2000 UNIFORM BUSINESS REPORT (UBR)

May 11, 2000 8:00 am DOCUMENT # 358197 Secretary of State GALT MILE PROPERTIES, INC. 05-11-2000 90291 020 ***150.00 Mailing Address Principal Place of Business ecte necoust MANNERSON MOVED ELICANDERBALEFLASSOCIOS IMO VED 3. Mailing Address 2. Principal Place of Business GALT MILE PROPERTIES INC. GALT MILE PROPERTIES O 50 NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 20 E. OAKLAND PARK Applied For 4. FEI Number 59-1289746 Not Applicable PT LAUDERDAL FT. LAUDERPALE \$8.75 Additional Zip Country 5. Certificate of Status Desired 33<u>3</u>34-1100 Fee Required 11.SA U.SA 33334 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 1100 Name CITTA, STEVEN J. Street Address (P.O. Box Number is Not Acceptable) C/O SWEETWOOD 5140 N.E. 26 AVENUE O NE FT. LAUDERDALE FL 33308 Zip Code City entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name BOUE NO CHANGE DATE 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 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE TITLE ☐ Delete CITTA, STEVEN J. NAME NAME STREET ADDRESS C/O SWEETWOOD, 5140 N.E. 26 AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME CITTA, HEATHER STREET ADDRESS C/O SWEETWOOD, 5140 N.E. 26 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 Addition Change - Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P TITLE Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TIT! F ☐ Delete NAME STREET ADDRESS STREET ADDRESS

changed, or on an attachment with an address, with all other like empowered.

RE. BROKER - DIRECTOR

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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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

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