2001 UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT # 304927

1. Entity Name
AUGUST MANOR, INC.

FILED
01 OCT -5 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
SUITE 200C 11601 BISCAYNE BLVD MIAMI, FL 33181	SUITE 200C 11601 BISCAYNE BOULEVARD MIAMI, FL 33181

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 591366465 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AUGUST, GUS 11601 BISCAYNE BLVD., SUITE 200C MIAMI, FL 33181	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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's signature required when reinstating) Date

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MPTD AUGUST, GUS 11601 BISCAYNE BLVD, STE 200C MIAMI, FL 33181 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MTD ☒ Change ☐ Addition 300004653783--10 -10/25/01--01070--017 *****61.50 *****61.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAUM, TRACI 1509 Mc FARLANE ROAD COLVILLE, WA 99114 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V D ☒ Change ☐ Addition LS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S AUGUST, LOUISE 11601 BISC. BLVD, STE 200C MIAMI, FL 33181 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ☐ Change ☒ Addition AUGUST, BRUCE 11601 BISCAYNE BOULEVARD, SUITE 200C MIAMI, FL 33181
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Change ☒ Addition MILLER, CELIA HC 52 BOX 8517 BIRDCREEK, AK 99540
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Gus August 10/3/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date