2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 407731

1. Entity Name

1621 DOUGLAS, INC.

Mar 02, 2001 8:00 am Secretary of State 03-02-2001 90118 043 ***150.00 Principal Place of Business Mailing Address 1621 S.W. 37TH AVENUE 1621 S.W. 37TH AVENUE **MIAMI FL 33145** MIAMI FL 33145 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 59-1414724 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 SOBODA, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 1621 S.W. 37TH AVENUE MIAMI FL 33145 City 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 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 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 11. 12. ☐ Delete Addition SOBODA, JEFFREY NAME STREET ADDRESS 1621 S.W. 37TH AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL D ☐ Delete TITLE TITLE ☐ Change Addition OMARA, JOHN NAME NAME 1621 S.W. 37TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7(P MIAMI FL TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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