FILED

2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

Jerry moore

Feb 05, 2001 8:00 am DOCUMENT # 505492 Secretary of State KING'S COURTS TENNIS CLUB. INC. 02-05-2001 90091 004 ***150.00 Principal Place of Business Mailing Address 8901 S.W. 168 STREET 8901 S.W. 168 STREET MIAMI FL 33157 MIAMI FL 33157 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 59-1697860 Not Applicable Zip Country 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 Name MOORE, JERRY Street Address (P.O. Box Number is Not Acceptable) 8361 SW 165 TERR MIAMI FL 33157 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition MOORE, JOHN NAME NAME 16625 SW 91 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 CITY-ST-ZIP SD ☐ Delete TITLE ☐ Addition Change MOORE, BEVERLY NAME NAME 8361 SW 165 TERR STREET ADDRESS STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP CITY-ST-ZIP TITLE... -TITLE ---- □ - Delete -- - - -. 🗔 Change . . . 🔲 Addition. MOORE, JERRY NAME NAME 8361 SW 165 TERR STREET ADDRESS STREET ADDRESS CITY-ST-7/P MIAMI, FL 00000 CITY-ST-7IP 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 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

LERRY MOORE

PRESIDENT 1/29/01