FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 31, 2001 8:00 am Secretary of State **DOCUMENT # 514675** SUNGLASS HUT REALTY CORPORATION 01-31-2001 90038 050 ***150.00 Principal Place of Business Mailing Address 255 ALHAMBRA CIR. 255 ALHAMBRA CIR 12TH FLOOR 12TH FLOOR CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2533689 Not Applicable Zip Country ountry \$8.75 Additional 5. Certificate of Status Desired so de Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PDČE ☐ Delete TITL F ☐ Change ☐ Addition TITLE WATSON, JOHN X. NAME NAME 255 ALHAMBRA CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL 33134** CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE LOPEZ, VICTOR NAME NAME 255 ALHAMBRA CIRCLE STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33134** CITY-ST-ZIP CITY-ST-ZIP ATSD ☐ Delete Change ☐ Addition TITLE TITLE PITA, GEORGE NAME NAME 255 ALHAMBRA CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL CITY-ST-ZIP Sr. Vice Prasident Steve Pattison VTDC Delete Change Addition TITLE TITLE PETERSEN, LARRY NAME NAME 255 Alhambra Circle 255 ALHAMBRA CIRCLE STREET ADDRESS STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP Corollables, FL 33134 CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

Steve Pathison

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR