2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 14, 2000 8:00 am Secretary of State DOCUMENT # 568727 FEINBERG & ASSOCIATES A.I.A. ARCHITECTS P.A. 01-14-2000 90024 017 ***150.00 Principal Place of Business Mailing Address 9161 CARIBBEAN BLVD 9161 CARIBBEAN BLVD SUITE 306 SHITE 306 MIAMI FL 33157-8837 MIAMI FL 33157 3. Mailing Address 2. Principal Place of Business BLVD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State FEI Number 59-1818775 MIAMI MIAM \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FEINBERG, DAVID JAY Street Address (P.O. Box Number is Not Acceptable) 9161 CARIBBEAN BLVD. **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 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PDC ☐ Change ☐ Addition ☐ Delete TITLE TITLE FEINBERG, DAVID JAY NAME NAME STREET ADDRESS 9161 CARIBBEAN BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL ☐ Change Addition ☐ Delete TITLE TITLE FEINBERG, HANNELORE NAME NAME 9161 CARIBBEAN BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition ☐ Delete TITLE TITLE HEVIA, ANTONIO M NAME NAME 7178 SW 103RD COURT CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition Delete TITLE TITLE PALENZUELA, EUGENE NAME NAME 13282 SW 119TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAM! FL 33196 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

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 any 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 expecte 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPE POR SERVITED NAME OF SIGNING OFFICER OF SPECT

DAY 10 JAY FEIN BERG J

308-233-2320

Daytime Phone #