FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 15, 2001 8:00 am DOCUMENT # 582802 **Secretary of State** 1. Entity Name LANDMARK BUILDERS, INC. 02-15-2001 90038 023 ***150.00 Principal Place of Business Mailing Address 2600 S.W. THIRD AVE. 2600 SW THIRD AVENUE A0023229 SUITE 750 SUITE 750 MIAMI FL 33129 MIAMI FL 33129 US 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 59-1932962 Not Applicable Zip Country Zip Country \$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 والمراجع والمناوا المعاد الرعواء الراجع PEREZ, WILLIAM I. Street Address (P.O. Box Number is Not Acceptable) **4921 MONROE STREET** HOLLYWOOD, FL MH FL 33021 City 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) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete Addition PEREZ, WILLIAM I. NAME NAME STREET ADDRESS 4921 MONROE ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition 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-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Change ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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:

MILLIAM I. PENET

2/9/01 (305)860 96 00
Date Date Phone #