2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 22, 2001 08:00 AM 614343 DOCUMENT # Entity Name **Secretary of State** M.A.P. BUILDERS, INC. Principal Place of Business Mailing Address 700 NW 107TH AVENUE 700 NW 107TH AVENUE MIAMI FL MIAMI FL 33172 33172 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 59-1908120 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCAIN, DAVID B., ESQ. MCCAIN 700 NW 107TH AVENUE Street Address (P.O. Box Number is Not Acceptable) 700 NW 107TH AVENUE MIAMI FL33172 US City Zip Code MIAMI 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. DAVID B. MCCAIN 01/22/2001 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 After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change SIERRA, E. KATHLEEN MAME KATHLEEN E NAME SIERRA 700 NW 107TH AVE, 4TH FL 700 NW 107TH AVE, 4TH FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI \mathbf{FL} CITY-ST-ZIP VS ☐ Delete TITLE ☐ Change NAME MCCAIN DAVID В NAME STREET ADDRESS 700 N. W. 107 AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition MALCOLM WAYNEWRIGHT NAME STREET ADDRESS 700 NW 107TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI 33172 CITY-ST-ZIP ☐ Delete TITLE VD **X** Change ☐ Addition PEKOR, ALLAN J. NAME PEKOR, ALLAN J. STREET ADDRESS 700 NW 107TH AVE, 4TH FL STREET ADDRESS 730 NW 107TH AVE, 4TH FL CITY-ST-ZIP MIAMI CITY-ST-ZIP МІАМІ FT. 33172 TITLE PD Delete TITLE ☐ Change ☐ Addition MILLER STUART NAME STREET ADDRESS 700 N.W. 107 AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI 33172 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition MILLER LEONARD NAME MILLER LEONARD STREET ADDRESS 700 N.W. 107TH AVENUE STREET ADDRESS 700 N.W. 107TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI MIAMI 33172 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: __David B. McCain 01/22/2001

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR