2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2000 8:00 am Secretary of State DOCUMENT # 640923 1. Entity Name ELIZABETH GREEN CONSTRUCTION COMPANY, A FLORIDA 05-01-2000 90009 007 ***150.00 Mailing Address Principal Place of Business 7700 N KENDALL DR 7700 N KENDALL DR STE 200 STE 200 MIAM! FL 33156-7578 MIAMI FL 33156 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1951674 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GREEN, ELIZABETH A ESQ Street Address (P.O. Box Number is Not Acceptable) 7700 N KENDALL DR STE 200 MIAMI FL 33156 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 DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change - ☐ Addition Delete TITLE TITLE GREEN, ELIZABETH A NAME NAME 7700 NORTH KENDALL DRIVE, SUITE 200 STREET ADDRESS STREET ADDRESS MIAMI FL 33156 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE GREEN, HERSCHEL V NAME NAME STREET ADDRESS 7700 NORTH KENDALL DRIVE, SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33156** ☐ Addition Change ☐ Delete TITLE TITLE GREEN, NANCY NAME NAME 7700 NORTH KENDALL DRIVE, SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33156** ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF PRESIDENT

4-26-00 (305)670

CR2E034 (9/99