2000 UNIFORM BUSINESS REPORT (UBR)

an address, with all other like empowered.

SIGNATURE:

FILED DOCUMENT # 650228 Feb 23, 2000 8:00 am 1. Entity Name **Secretary of State** LORETTA FORER DESIGN ASSOCIATES, INC. 02-23-2000 90016 033 ***150.00 Principal Place of Business Mailing Address 7881 SW 69TH AVE. 7881 SW 69TH AVE. SOUTH MIAMI FL 33143-4453 SOUTH MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0336441 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MICHELSON, STUART R Street Address (P.O. Box Number is Not Acceptable) 1111 KANE CONCOURSE, SUITE 517 BAY HARBOR ISLANDS FL 33154 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE FORER, LORETTA NAME NAME 7881 SW 69TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **SOUTH MIAMI FL 33143** Change ☐ Addition TITLE ☐ Delete TITLE FORER, DANIEL B FORER, DANIEL B NAME NAME 7881 SW GATH AVE. STREET ADDRESS 7881 SW 69TH AVE. STREET ADDRESS SOUTH MIAMI, FL 33143 CITY-ST-ZIP CITY-ST-7IP **SOUTH MIAMI FL 33186** Change ☐ Addition ☐ Delete TITI F TITLE DRER, DANIEL B. FORER, DANIEL B. NAME NAME 7881 SW 697H AVE. STREET ADDRESS 7881 SW 69TH AVENUE STREET ADDRESS SOUTH MIAMI, FL 33143 CITY-ST-ZIP CITY-ST-ZIP SOUTH MIAMI FL ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delεte TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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