2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
04-30-2002 90224 041 ****61.25

DOCUMENT # 732299

1. Entity Name

CONSOLIDATED BANK BUILDING, INC.

Principal Place of Business	Mailing Address
900 W. 49TH STREET HIALEAH FL 33012	4960 SW 72 AVE. SUITE 400 MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Mattaway, Richard	Mattaway, Richard
Suite, Apt. #, etc. 1501 Sunset Drive 2nd Floor	Suite, Apt. #, etc. 1501 Sunset Drive 2nd Flo
City & State Coral Gables, Florida	City & State Coral Gables, Florida
Zip / Country 33143 / USA	Zip / Country 33143 / USA

4. FEI Number 59-1584203 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MATTAWAY, L. RICHARD 4960 SW 72 AVE. SUITE 400 MIAMI FL 33155	Name: Mattaway, Richard. Street Address (P.O. Box Number is Not Acceptable): 1501 SUNSET DRIVE 2ND FL City: CORAL GABLES **FL** Zip Code: 33143

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 $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LURIE, BRANDON 4960 SW 72 AVE. 400 MIAMI FL 33155	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME SAME 1501 SUNSET DRIVE 2ND FL CORAL GABLES FL 33143	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVTS MATTAWAY, L. RICHARD 4960 SW 72 AVE. # 400 MIAMI FL 33155	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME SAME 1501 SUNSET DRIVE 2ND FLOOR CORAL GABLES, FL 33143	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D UGARTE, THOMAS R M.D. 4960 SW 72 AVE. 400 MIAMI FL 33155	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Carlos Enriquez 1501 SUNSET DRIVE, 2ND FLOOR CORAL GABLES, FL 33143	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUSHING, ROBERT B DDS 460 SW 72 AVE. 400 MIAMI FL 33155	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1501 SUNSET DRIVE, 2ND FLOOR CORAL GABLES FL 33143	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Brandon Lurie, Pres. 305-662-1421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #