2001 UNIFORM BUSINESS REPORT (UBR)

May 14, 2001 8:00 am Secretary of State DOCUMENT # 762555 1. Entity Name 05-14-2001 90266 021 ****61.25 LINCOLN ROAD MERCANTILE ASSOCIATION, INC. Principal Place of Business Mailing Address 1606 WASHINGTON AVE 1606 WASHINGTON AVE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0049821 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HUNDEUADT, BERTHA 1606 WASHINGTON AVE MIAMI BEACH FL 33139 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition PD ☐ Delete TITLE TITLE GONZALEZ, ADRIAN NAME NAME STREET ADDRESS 1654 MERIDIAN AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF MIAMI BEACH FL 33139 ■ Addition ☐ Change ☐ Delete DTLE TITLE SEHRRES, DANIEL NAME NAME STREET ADDRESS STREET ADDRESS 1671 MERIDIAN AVE CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Change Addition TITLE □ Delete TITI F **HUNDEUADT, BERTHA** NAME NAME STREET ADDRESS 1606 WASHINGTON AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Change Addition ☐ Delete SD TITLE WENTWOOTA, MITCHEIL NAME LINEOIN STREET ADDRESS STREET ADDRESS 726 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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.

CITY-ST-ZIP

CITY-ST-7/P

SIGNATURE: BURELLA HUNDERAT 4/19/01 305531554