2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 09, 2001 8:00 am Secretary of State **DOCUMENT # F42383** 1. Entity Name CARL NETHERLAND BROWN, INC. 03-09-2001 90474 013 ***150.00 Principal Place of Business Mailing Address 3675 S.W. 24 STREET 3675 S.W. 24 STREET MIAMI FL 33145-3032 MIAMI FL 33145-3032 W 1 U 4 d 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2123213 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired : Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAMONT, ROBERT S Street Address (P.O. Box Number is Not Acceptable) 3050 BISCAYNE BLVD #610 **MIAMI FL 33137** Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 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. ☐ Addition Change PSTD ☐ Delete TITLE TITLE **NETHERLAND-BROWN, CARL** NAME NAME STREET ADDRESS 3675 S.W. 24 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33145** ☐ Addition TITLE ☐ Defete TITI F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE □ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

changed, or on an attachment with an address, with all other like empowered. ETHERLAND

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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

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