2000 UNIFORM BUSINESS REPORT (UBR) FILED May 31, 2000 8:00 am Secretary of State **DOCUMENT # F48003** ROBERT C. SOMMERVILLE, P.A. 05-31-2000 90002 050 ***150.00 Principal Place of Business Mailing Address 201 S BISCAYNE BLVD 201 S BISCAYNE BLVD 1600 MIAMI CTR 1600 MIAMI CTR カレリレッション MIAMI FL 33131-4332 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2119826 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 201 S BISCAYNE BLVD 1600 MIAMI CTR **MIAMI FL 33131** Zin Code City 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, typed or printed name of registered agent and title if applicable. AFILE NOWIII: FEE (S) \$150.00) After AlAY: 12000 Fee will be \$550.00 at the Alay of State. Make Check Payable to Department of State. 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. .. - Trust Fund Contribution. Added to Fees (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD -Delete TITLE Addition TITLE SOMMERVILLE, ROBERT C NAME NAME STREET ADDRESS STREET ADDRESS 201 S BISCAYNE BLVD CITY-ST-ZIP CITY-ST-7IP MIAMI: FL 00000 ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___Change ☐ Additin TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Additio TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP " ☐ Change Additio ☐ Delete TITLE TITLE . NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP 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.