2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # F59235 May 17, 2000 8:00 am Secretary of State SAEZ/PACETTI ARCHITECTS/PLANNERS, P. A. 05-17-2000 90953 029 ***158.75 Principal Place of Business Mailing Address 7134 S.W. 117TH AVENUE 7134 S.W. 117TH AVENUE MIAMI FL 33183-2808 MIAMI FL 33183 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2142678 Not Applicable Country \$8.75 Additional Ζìρ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Dennis Rose LOTSPEICH, BRADSHAW Street Address (P.O. Box Number is Not Acceptable) 950 S. MIAMI AVE. **MIAMI FL 33130** 1450 Madruga Avenue - Suite 206# Zip Code 33146 Coral Gables se of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the 4/26/00 Dennis Rose DATE E: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Inta 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 (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 ☐ Delete TITLE TITLE PACETTI, RICHARD M. NAME NAME 7981 SW 36TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Delete Change TITLE TITLE SAEZ, DIEGO NAME NAME 3926 UPTOPIA COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCONUT GROVE FL CITY-ST-ZIP ☐ Addition ☐ Delete TITLE .TITLE-----CANINO, LORETTA R NAME NAME 1137 BEAVERBROOK LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESOTO TX ☐ Change ☐ Addition ☐ Delete TITLE TITI F PACETTI, KATHRYN NAME NAME 7981 SW 36 TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIE MIAMI FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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-ZIP ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information supplied with mis indicated on this report or supplemental report is true of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the rece changed, or on an attachmen ver or trus mpov ther like empoy nent with an ac ess, wi

>Richard M. Pacetti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 274-9949

Daytime Phone #

4/26/00