2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # F94000003542 Apr 22, 2000 8:00 am Secretary of State 1. Entity Name SELECT SITES OF ATTLEBOROUGH, INC. 04-22-2000 90030 021 ***150.00 Principal Place of Business Mailing Address 3225 AVIATION AVE 3225 AVIATION AVE STE 700 SUITE 300 COCONUT GROVE FL 33133-4741 COCONUT GROVE FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0282115 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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) **COCONUT GROVE FL 33133** 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11: 12. VC ☐ Delete Addition TITL F TITLE LENARD, HOWARD B NAME NAME STREET ADDRESS STREET ADDRESS 3225 AVIATION AVENUE STE 700 CITY-ST-ZIE CITY-ST-7(P COCONUT GROVE FL 33133 Change ☐ Addition TDS TITLE ☐ Delete TITLE DIXON, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 3225 AVIATION AVE STE 700 CITY-ST-ZIP CITY-ST-ZIP **COCONUT GROVE FL 33133** Tell a Mars IZWIN S. GARS 3225 ANICHM ANS. 7 HUN Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete 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 of the corporation or the receiver or trustee empoy changed, or on an attachment with an address, y th all other like 9

res, sent

Davtime Phone #