2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

inda is. Adler Assistant

FILED DOCUMENT # H34276 Apr 25, 2000 8:00 am Secretary of State 1. Entity Name ADLER FIRST COMMERCIAL REALTY, INC. 04-25-2000 90015 005 ***150.00 Mailing Address Principal Place of Business 1400 NW 107 AVE. 1400 NW 107 AVE. 5TH FLOOR 5TH FLOOR MIAMI FL 33126 MIAMI FL 33172-2746 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2495009 Not Applicable Country \$8.75 Additional Zip 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 LEVY, JOEL Street Address (P.O. Box Number is Not Acceptable) 1400 NW 107 AVE. 5TH FLOOR MIAMI FL 33126 Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. Addition ☐ Change DST ☐ Delete TITLE TITLE ARRIZURIETA, LUIS NAME STREET ADDRESS 1400 NW 107 AVE., 5TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE MIAMI FL ☐ Change ■ Addition DPCE ☐ Delete TITLE TITLE ADLER, MICHAEL M. NAME NAME STREET ADDRESS STREET ADDRESS 1400 NW 107 AVE., 5TH FLOOR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition DEVA Delete TITLE TITLE NAME LEVY, JOEL NAME STREET ADDRESS 1400 NW 107 AVE., 5TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE TITLE ADLER, LINDA NAME NAME 1400 NW 107 AVE., 5TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change X Addition Delete TITLE TITLE PAGET, JACK NAME Heisler, Daniel NAME 1400 N.W. 107 Avenue STREET ADDRESS STREET ADDRESS 1400 N W 107TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** FL 33172 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 an other like empowered.