2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90263 044 ***150.00

DOCUMENT # J00739 (9)

1. Entity Name

LEWIS PROPERTY INVESTORS, INC.

Principal Place of Business	Mailing Address
8925 S.W. 148 Street Suite 218 Miami, Fl. 33176	SAME

2. Principal Place of Business	3. Mailing Address
8925 S.W. 148 St., Suite, Apt. #, etc. Suite 218	8925 S.W. 148 St Suite, Apt. #, etc. Suite 218
City & State Miami, Fl. 33176	City & State Miami, Fl. 33176
Zip / Country 33176	Zip / Country 33176

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2642237 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
S.K.R.L.D., INC. 201 Alhambra Circle Suite 1102 Coral Gables, Florida 33134	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ 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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW !!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Lewis, Thomas E. 8925 S.W. 148 St., Ste 218 Miami, Fl. 33176 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPAS Barnes, Joel D. 8925 S.W. 148 St., Ste 218 Miami, Fl. 33176 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/99)

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ April 27, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Thomas E. Lewis — Date — Daytime Phone #