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2001	UNIFORM	BUSINESS	REPORT	(UBR

Sep 05, 2001 8:00 am Secretary of State **DOCUMENT #** LEWIS PROPERTY INVESTORS, INC. 09-05-2001 90010 009 ***550.00 Principal Place of Business Mailing Address 8925 SW 148 ST 8925 SW 148 ST UUU75942 STE-218 STE-218 MIAMI FL 33176 MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address 3326 Mary St. 3326 Mary St. DO NOT WRITE IN THIS SPACE 302 City & State Cocon ut Grove 4. FEI Number Applied For Coconut Grove, 59-2642237 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ÜSA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent S.K.R.L.D., INC. Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIR STE 1102 **CORAL GABLES FL 33134** City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. (See criteria on back) After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE (2/01) ☐ Delete LEWIS, THOMAS E. NAME NAME 33a6 May St., Ste. 302 Coconut Grove, FL 33133-1900 STREET ADDRESS 8925 SW 148 ST #218 STREET ADDRESS CITY-ST-ZIP miami fl CITY-ST-ZIP TITLE ☐ Delete TITLE **VPAS** Change ☐ Addition NAME BARNES, JOEL D NAME 3326 Mary St., Ste. 302 STREET ADDRESS 8925 SW 148 ST #218 STREET ADDRESS CITY-ST-ZIP MIAMI FL TITLE-Delete ~ TITLE-☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this fill to 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 addiess, with all other like empowered.

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SIGNATURE :=