FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment-

SIGNATURE AND

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Jul 12, 2001 8:00 am DOCUMENT # PORCE CONTROL OF THE PROPERTY OF TH Secretary of State J06777 1. Entity Name 07-12-2001 90234 050 ***158.75 LANDMARK TITLE COMPANY CERMANE INC. Principal Place of Business Mailing Address 9400 SOUTH DADELAND BLVD. 9400 SOUTH DADELAND BLVD. PENTHOUSE FIVE PENTHOUSE FIVE C0073088 MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2656543 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NATINSKY, LAWRENCE ESQ. Street Address (P.O. Box Number is Not Acceptable) 9400 SOUTH DADELAND BLVD. PENTHOUSE FIVE MIAMI FL 33156 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **9.** This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete ☐ Addition TITLE TITLE ☐ Change NATINSKY, HELENE NAME NAME 9400 S DADELAND BLVD. PH-5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33156 CEOS** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NATINSKY, LAWRENCE NAME NAME 9400 S DADELAND BLVD PH-5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP MIAM1 FL 33156 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . 🔲 Delete MITLE .---☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR