May 28, 2002 8:00 am § Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # J36564 1. Entity Name NILY INVESTMENT REALTY, INC. Principal Place of Business Mailing Address 8055 NW 77 COURT 9999 COLLINS AVE APT 3A STE 5 BAL-HARBOUR FL 33154 MEDLEY F 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0049802 FLORIDA Not Applicable Zip 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 TEMPKINS, HARRY Street Address (P.O. Box Number is Not Acceptable) **420 LINCOLN RD SUITE 258** MIAMI BEACH FL 33139 Zip Code & 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 SĮGNATURE 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition FALIC, NILY NAME NAME 9999 COLLINS AVE- APT 3A STREET ADDRESS STREET ADDRESS **BAL HARBOUR FL 33154** CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Arlenis Tanouve MINNA, MYERS NAME NAME 12528 NW 11 Trail 7705 ABBOTT AVE APT 303 STREET ADDRESS STREET ADDRESS Miami, FL. 33182 MIAMI BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: 4

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

I'REETOR !

May 20, 2002 (305)46

☐ Change

☐ Addition