FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 02, 2002 8:00 am Secretary of State DOCUMENT # J68845 1. Entity Name 04-02-2002 90938 020 \*\*\*150.00 FERRELL, WILLIAMS A PROFESSIONAL ASSOCIATION Principal Place of Business Mailing Address **TODODOT** 201 SOUTH BISCAYNE BLVD 201 SOUTH BISCAYNE BLVD SUITE 3400. MIAMI CENTER SUITE 3400, MIAMI CENTER MIAMI FL 33131-2305 MIAMI FL 33131-2305 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2799478 Not Applicable Zip. Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Name DA CASTIGLIONE, MAYRA C Street Address (P.O. Box Number is Not Acceptable) 201 SOUTH BISCAYNE BLVD SUITE 3400, MIAMI CENTER **MIAMI FL 33131** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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. 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE CR2E034 (9/01 TITLE Delete Addition mitton m. Ferrell, Jr. FERRELL, MILTON M., JR. NAME NAME 201 S. Biscaure Bird, 34th FL 201 S. BISCAYNE, STE. 3400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Miani, FL. 33131 Change **Addition** TITLE Delete TITLE mayra C. Da Castiglioze NAME NAME STREET ADDRESS STREET ADDRESS 201 S. Biscayne BITd., 34th FL. CITY-ST-ZIP CITY-ST-7IP - 🔲 Change TITLE ☐ Delete TITLE -☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change 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 Addition ☐ Delete TITLE Change Change NAME NAME STREET ADDRESS STREET ADDRESS

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