2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # J69030 MILTON M. FERRELL, JR., P.A. 04-10-2001 90037 039 ***158.75 Principal Place of Business Mailing Address 4511 LAKE ROAD 4511 LAKE ROAD MIAM! FL 33137 **MIAMI FL 33137** D0033462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 59-2799484 City & State Not Applicable Country Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mayra FERRELL, MILTON M., JR. Street Address (P.O. Box Number is Not Acceptable) 201 SOUTH BISCAYNE BLVD SUITE 1920, MIAMI CENTER Suite 3400, Midmi Center MIAMI FL 33131 Zip Code for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE FERRELL, MILTON M. JR NAME NAME 201 SOUTH BISCAYNE BLVD STE 3400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAM) FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE FERRELL, MILTON M JR NAME NAME 201 SOUTH BISCAYNE BLVD STE 3400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ■ Addition ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 like empowered. changed, or on an attachment with an address, with all of

NAME OF SIGNING OFFICER OR DIRE

Date

Daytime Phone #