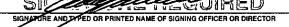
2003 FOR PROFIT CORPORATION

Mar 17, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** K05347 DOCUMENT # 1. Entity Name 03-17-2003 90133 015 ***150.00 YARD AMERICA CORP. Mailing Address Principal Place of Business 100 NORTH BISCAYNE BLVD. 100 NORTH BISCAYNE BLVD. 21ST FLOOR 21ST FLOOR MIAMI FL 33132 MIAMI FL 33132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FE! Number 65-0017458 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **BAUR, THOMAS** Street Address (P.O. Box Number is Not Acceptable) BAUR, MILLER & WEBNER, P.A. 100 N. BISCAYNE BLVD., 21ST FLOOR MIAMI FL 33132 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. I am familiar with, and accept the obligations of registered agen-03-07-03 SIGNATURE (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition TITLE ☐ Defete VON HEESEN, GERHARD NAME NAME STREET ADDRESS 7873 FISHER ISLAND DR. STREET ADDRESS CITY-ST-ZIP FISHER ISLAND FL 33109 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE VON HEESEN, MARIO NAME NAME 7873 FISHER ISLAND DR. STREET ADDRESS STREET ADORESS CITY-ST-7IP FISHER ISLAND FL 33109 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME VON HEESEN, RENE NAME STREET ADDRESS STREET ADDRESS 7873 FISHER ISLAND DR. CITY-ST-ZIP CITY-ST-ZIP FISHER ISLAND FL 33109 ☐ Change Addition TITLE ☐ Delete TITLE 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 TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address with all other the empowered

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP



03-07-03 Date Daytime Phone #

FILED