2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED Apr 30, 2003 8:00 am Secretary of State			
DOCUMENT # K99778 1. Entity Name CONTINENTAL REAL ESTATE COMPANIES, INC.					Secretary 04-30-2003 90320			AV
2665 SOUTH BAYSHORE DRIVE 266 SUITE 1002 SUI MIAMI FL 33133 MIA US US		Mailing Address 2665 SOUTH BAYSHORE DRIVE SUITE 1002 MIAMI FL 33133 US Mailing Address						
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	uite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. F	65-0141585		plied For t Applicable	-
Zip	Country	Zip	Country	5. 0	Certificate of Status Desired	\$8.75 Add	litional	1
	6. Name and Address of Current Re	gistered Agent	<u> </u>	7. N	lame and Address of New Registere			1
		<u>-</u>	Name					
SCHATZ, RICHARD E STEARN WEAVER MILLER, ET AL			Street Add	dress (P.O. Box Number is Not Acceptable)			1	
150 W. FLAGLER STREET #2200								
MIAMI FL 33130			City	City FL Zip Code				
	named entity submits this statement for thitions of registered agent.	e purpose of changing its	s registered office or re	gistered age	ent, or both, in the State of Florida. Ta	ım familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent and to	itle if applicable. (NO	TE: Registered Agent signature	required when re-	instating) DAT		···	
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of St	ate			Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees	
10.	OFFICERS AND DIF	RECTORS	11.	AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	IN 11	j _
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEISER, WARREN 2665 S BAYSHORE DR #1002 MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	1
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,,		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305)854-7342