2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # L36640 May 02, 2000 8:00 am 1. Entity Name Secretary of State JACARANDAS AT SUNSET, INC. 05-02-2000 90028 028 ***150.00 Principal Place of Business Mailing Address 7100 NW 52 ST. 7100 NW 52 ST. **MIAMI FL 33166** MIAMI FL 33166-4847 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0168330 Not Applicable 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 Name SEWARD, ROLAND Street Address (P.O. Box Number is Not Acceptable) 7100 NW 52 ST. **MIAMI FL 33166** Zip Code 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition **PVST** Change TITLE ☐ Delete TITI F NAME SEWARD, ROLAND STREET ADDRESS STREET ADDRESS 7100 NW 52 ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition Delete TITLE TITLE SEWARD, ROLAND NAME NAME STREET ADDRESS STREET ADDRESS 7100 NW 52 ST. CITY-ST-ZIP CITY-ST-ZIP MIAM! FL Addition ↑ Change TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE Delete NAME

13. Thereby 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2000

305-594-9355

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Daytime Phone #