2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # L37217** Apr 21, 2000 8:00 am Secretary of State 1. Entity Name REEMARK FLORIDA MANAGEMENT, INC. 04-21-2000 90146 036 ***150.00 Principal Place of Business Mailing Address C/O RENE A. GAREAU C/O RENE A. GAREAU 4273 BOCA POINTE DRIVE 4273 BOCA POINTE DRIVE SARASOTA FL 34238 SARASOTA FL 34238-5575 3. Mailing Address 2. Prinsipal Place Straine SUAY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0164936 SARASOTA, FLORIDA Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 34236 **USA** Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RENE A. GAREAU Street Address (P.O. Box Number is Not Acceptable) **4273 BOCA POINTE DRIVE** SARASOTA FL 34238 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. DATE 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 12. 11. PD ☐ Addition Change TITLE Delete TITLE FENTON, SHELDON C. NAME NAME 149 DUNVEGAN RD. STREET ADDRESS STREET ADDRESS TORONTO-ONTARIO- M5P 2N8 CA. M4P2N CITY-ST-21P CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE GAREAU, RENE A. NAME NAME 4273 BOCA POINTE DRIVE STREET ADDRESS STREET ADORESS CITY-ST-ZIP SARASOTA FL 34238 CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME 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 ☐ Change ☐ Addition Delete TITLE TITLE 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

4/11/00

Daytin

☐ Change

☐ Addition

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