2000 UNIFORM BUSINESS REPORT (UBR) FILED May 22, 2000 8:00 am Secretary of State **DOCUMENT # L38669** 1. Entity Name FONTAINEBLEAU GAS & WASH, INC. 05-22-2000 90039 010 ***150.00 Principal Place of Business Mailing Address 7900 NW 36TH ST 7900 NW 36TH ST MIAMI FL 33166-6604 MIAMI FL 33166 115 US 3. Mailing Address 2. Principal Place of Business 1600 N.W. 24*TH* 34TH STREET 11600 N.W. STREET DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0178453 MIAN Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FINK, BRIAN ESQ Street Address (P.O. Box Number is Not Acceptable) CATLIN, SAXON, TUTTLE & EVANS, P.A. 169 EAST FLAGLER STREET, #1700 MIAMI FL 33131 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PSTD Change Addition TITLE ☐ Delete LUIS ARIAS 11600 N.W. 34TH STREET NAME ARIAS, LUIS NAME STREET ADDRESS 7900 NW 36TH ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 CITY-ST-ZIP MIAMI FL Change Addition ☐ Delete TITLE. MORENO, ANTONIO NAME ANTONIO MORENO NAME STREET ADDRESS 11600 N.W. 34TH STREET STREET ADDRESS 7900 NW 36TH ST MIAMI, FC 33178 CITY-ST-7IP CITY-ST-ZIP MIAMI FL Change Addition TITLE ☐ Delete 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-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not quality 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 epropered 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 erropowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: *

TITLE

STREET ADDRESS

CITY-ST-7IP

ED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

5-01-00 305-639-9590

☐ Change

Addition