2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 14, 2000 8:00 am Secretary of State **DOCUMENT # L64340** 1. Entity Name EUROPROPERTIES, INC. 08-14-2000 90001 025 ***550.00 Principal Place of Business Mailing Address 1901 PONCE DE LEON BLVD 1901 PONCE DE LEON BLVD CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0228442 Not Applicable Zip Country Country \$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 Miguel Truyol ANSARIA: JULIA: A 65.5 Street Address (P.C O Box Number is Not Acceptable) 11 Ponce de Leon Blvd. 1901 PONCE DE LEON BLVD. **CORAL GABLES FL 33134** Zig Gode 4 Coral Gables 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. (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 XX Delete CR2E034 (5/00) ☐ Change XX Addition TITLE Miguel Truyol CFO KAHL, RICHARD NAME NAME 1901 Ponce de Leon Blvd. STREET ADDRESS 1901 PONCE DE LEON BLVD STREET ADORESS Coral Gables, FL 33134 CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP Addition Peg Hodges ☐ Change ☐ Delete TITLE SVP TITLE THERIAGA, JOSEPH 1901 Ponce de Leon Blvd. NAME 1901 PONCE DE LEON BLVD STREET ADDRESS STREET ADDRESS Coral Gables, FL 33134 CITY-ST-ZIP CORAL GABLES FL CITY-ST-ZIP ☐ Change Addition TITLE XX Delete ANSARIA, JULIA A NAME NAME 1901 PONCE DE LEON BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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. SIGNATURE: