2001 UNIFORM BUSINESS REPORT (UBR)

Apr 13, 2001 8:00 am Secretary of State **DOCUMENT # L84186** 1. Entity Name MORGAN MANAGEMENT & LEASING CO. 04-13-2001 90077 019 ***150.00 Principal Place of Business Mailing Address P O BOX 610395 2000 TOWERSIDE TR NORTH MIAMI FL 33261 MIAMI FL 33138 US 2. Principal Place of Business 3. Mailing Address ABOVE an TOWELLIDE TK Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1002 STE City & State City & State 4. FEI Number 65-0207782 Not Applicable Zip 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 KNOBEL KNOBEL, RICKIE Street Address (P.O. Box Number is Not Acceptable) STE 1002 2000 TOWERSIDE TERR 000 TOWERS OF TEX 1912 **MIAMI FL 33138** Zip Code 35/38 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, 2001 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. ☐ Addition ☐ Delete TITLE TITLE NAME KNOBEL, MARK STREET ADDRESS 1110 NE 169 TOS STREET ADDRESS 909 W 47 ST CITY-ST-ZIP FU 3316 CITY-ST-ZIP N. MIAM N. MIAMI BEACH FI Delete Addition TITLE Change TITLE ۷P NAME NAME KNOBEL, DAVID STREET ADDRESS STREET ADDRESS 16226 ERIE PL CITY-ST-ZIP CITY-ST-ZIP DAVIE FL ☐ Addition TITLE ☐ Detete TITLE RICKIE KNOBEL NAME NAME KNOBEL, RICKIE 1000 TOWERS DE TOR \$100) STREET ADDRESS STREET ADDRESS 2000 TOWERSIDE TER., #1912 CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33138 ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

all other like empowered.

SIGNATURE: