## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Jan 28, 2000 8:00 am Secretary of State **DOCUMENT # M11941** 1. Entity Name RELATED RIVER RUN, INC. 01-28-2000 90166 031 \*\*\*158.75 Principal Place of Business Mailing Address % RELATED COMPANIES OF FLORIDA % RELATED COMPANIES OF FLORIDA 2828 CORAL WAY PH 2828 CORAL WAY PH MIAMI FL 33145-3214 MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 13-3314206 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent 7:-Name and Address of New Registered Agent-Name PEREZ, JORGE M 2828 CORAL WAY PENTHOUSE **SUITE 504 MIAMI FL 33145** City 8. The above named entity submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition ĎΡ TITLE Change ☐ Delete TITLE PEREZ, JORGE M. NAME NAME STREET ADDRESS STREET ADDRESS 2828 CORAL WAY PH CITY-ST-ZIP CITY-ST-ZIF MIMAI FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE HERNANEZ, ANGEL NAME NAME STREET ADDRESS STREET ADDRESS 2828 CORAL WAY PENTHOUSE CITY-ST-7IP CITY-ST-ZIP MIAMI FL Rocha Roberto Char 1828 Coma I way Penthouse **X**Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-719 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [7] Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME 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.

ANGEL HERNANDEZ

PED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR