2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M13838

1. Entity Name

BARBARA C. MCCAULEY, P.A. Mailing Address Principal Place of Business 3445 NW 7TH ST. PO BOX 566272 ... FL 33125 MIAMI FL 33256-6272 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-2517976 Country Zip Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name MCCAULEY, BARBARA C. 3445 NW 7TH ST. MIAMI FL 33125 City SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Jan 21, 2000 8:00 am Secretary of State

01-21-2000 90122 034 ***150.00

102011

DO NOT WRITE IN THIS SPACE

DATE

Applied For Not Applicable

\$8.75 Additional

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable) 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.

| | This account is a straight to notice its letter | ماطند | |
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| 7. | This corporation is eligible to satisfy its Intangible | | |
| | Tax filing requirement and elects to do so. | | Aft |
| | (See criteria on back) | | Make (|

FILE NOW!!! FEE IS \$150.00 er MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE MCCAULEY, BARBARA C. NAME STREET ADDRESS STREET ADDRESS 3445 NW 7TH ST. CITY-ST-7IP CITY-ST-ZIP MIAMI FL ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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.