FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 15 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M16382

1. Entity Name

The Fortress Miami Corporation

W03000064301

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 00-02

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
One Design Center Place	
Suite, Apt. #, etc.: 715	Suite, Apt. #, etc.
City & State: Boston, MA	City & State
Zip: 02210 Country: Suffolk	Zip Country

4. FEI Number: 592546247 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Kim Jones

Street Address (P.O. Box Number is Not Acceptable): 1630 N.E. 1st Ave.

City: Miami FL Zip Code: 33132

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: Kim Jones 10/4/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
P/D	Sigrid P. Thorne 1 Design Ctr. Place # 715, Boston, MA 02210
V/D	Ladd M. Levis-Thorne 1 Design Ctr. Place # 715, Boston, MA 02210
D	Frederick Wynne 1 Design Ctr. Place # 715, Boston, MA 02210
	00-03

100016069451
04/15/03--01048--018 **650.00

100016069451
04/15/03--01048--018 **550.00

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Al mastrodi 4/9/03 617-390-3070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gs 4/14