2000 Uniform Business Report (UBR) (Foi May 03, 2001 8:00 am § Secretary of State DOCUMENT # **M16669** 1. Entity Name 05-03-2001 91152 024 ***150.00 INDIAN RIVER INVESTMENTS OF MIAMI, INC. Principal Place of Business Mailing Address 269 NW 7TH ST 269 NW 7TH ST P. O. BOX 015222 P. O. BOX 015222 MIAMI FL 33101 MIAMI FL 33101-5222 2. Principal Place of Business 3. Mailing Address 269 N. W. 7th Street <u> 269 N. W. 7th Street</u> DO NOT WRITE IN THIS SPACE Suita, Apt. #. etc Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-2559262 Not Applicable Miami, Miami. Country \$8.75 Additional Country Ζiρ Zip 5. Certificate of Status Desired Fee Required 33136 USA 33136 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mame WEITZEL, TED H Street Address (P.O. Box Number is Not Acceptable) 269 NW 7TH ST <u> 201 N. W.17th Street #401</u> SUTIE 416 MIAMI FL 33136 Zip Code 33136 City FL Miami 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or crimed name of registered agent and title if applicable 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, 2000 Fee will be \$550.00 3.7. Tax filling 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 11. 12. CR2E034 (9/99 PD X Change TITLE Delete BILL WEITZEL, TED H. MARKE NAME 201 N. W. 7th Street #401 STREET ADDRESS STREET ADDRESS 269 NW 7TH ST #416 CHY ST-ZIP Miami, Fl. CITY ST-21P MIAMI FL Delete Change Addition TITLE TITLE DAVIS C. HORACE нами NAME 13234 N . W. 13th Street STREET ADDRESS 269 NW 7TH ST STREET ADDRESS CHY-ST-ZIP Pembroke, Pines, Fl. 33028 CITY-ST-ZIP MIAMI FL Change Addition DITLE Delete TITLE HADE MAME STREET ADDRESS STREET ADDRESS CHY-ST-3P CITY-ST-EIP [] Change Addition TITLE Delete 1616 MALIF NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Change Addition THILE Delete 11000 NAME NAME. STREET ADDRESS STREET ADDRESS CITY - ST-CIP City - St - ZIP Addition 🔲 Change TITLE Delete 3.1111 NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-EP 13. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report, or suppliemental 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 receiper 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 the corporation or the receiper 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 the corporation or the receiper or trustee. with an address, with all other like empowered. changed, or on an attach

SIGNATURE:

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