2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** Four M Investment Properties has FILED 01 FEB -7 AM 9: 44 Mailing Address Principal Place of Business SECRETARY OF STATE 5600 N Sunt Rd Hollywood Fl. TALLAHASSEE, FLORIDA Holly wood Fl 33019 2. Principal Place of Business 3. Mailing Address 600 N Sur Rd 600 Suite, Apt. #, etc. Applied For Not Applicable V 400 C Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Miano Michael Street Address (P.O. Box Number is Not Acceptable) Zip Code 019 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be ax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Mignich Delete Ro (66/6) ☐ Change ☐ Addition TITLE Michael 5600 N Su-t Ad Holly wood Fl 33019 NAME NAME CR2E034 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Mirette Mignocchio ☐ Change Addition TITLE NAME NAME 400003743294--1 Sout STREET ADDRESS STREET ADDRESS -nz/zn/n1--01067--008 Hollywood Fl 33019 CITY-ST-7IP CITY-ST-7IP ****300.00 ****300.00 ☐ Change TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAM^{*} NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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. SIGNATURE: EAF SIGNING OFFICER OR DIRECTOR TYPED OR PRUITED NAME

Michael Migrachi Four M Javestmen Low INC · Sin 5600 N Sout Rd Hollywood Fl 33019 Due to a change of address, we were not notified or given a 2000 uniform busaness report, Enclosed is 4550 - late per 5 - Campaigh # 562.75 cev of Status Please send the 2001 form (unform Bussener Report) Four M dow Pray Inc. 5600 N Sunt Rd Holly wood Fl 33019 Thank ayan Muchal Mymich