FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 08, 2000 8:00 am Secretary of State **DOCUMENT # M41612** 1. Entity Name CADILLAC REALTY CORPORATION 02-08-2000 90127 001 ***750.00 Mailing Address Principal Place of Business 4575 NAUTILUS CT. 4575 NAUTILUS CT. 8334 P.O. BOX 2424 P.O. BOX 2424 MIAMI BEACH FL 33140-2817 MIAMI BEACH FL 33140 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1971653 Not Applicable Country Zíp Zíp \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROSENFELD, ALBERT Street Address (P.O. Box Number is Not Acceptable) 4575 NAUTILUS CT. MIAMI BCH. FL 33140 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS 12 11. TITLE ☐ Change ☐ Addition Delete TITLE ROSENFELD, ALBERT NAME NAME 4575 NAUTILUS CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BCH. FL Addition Delete ☐ Change TITLE TITLE ROSENFELD, NORMA NAME NAME 4575 NAUTILUS CT. STREET ADDRESS STREET ADDRESS MIAMI-BCH.-FL CITY-ST-ZIP CITY-ST-ZIP-☐ Change Addition JJJLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE □ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME

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 #ddress, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7/P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR