## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 15, 2000 8:00 am Secretary of State **DOCUMENT # M56403** 1. Entity Name ROCKY CREEK VILLAGE, INC. 05-15-2000 90216 011 \*\*\*150.00 Mailing Address Principal Place of Business % RICHARD BERNARD P.O.BOX 14-9753 CORAL GABLES FL 22114-3753 300 SEVILLA AVE. SUITE 215 CORAL GABLES FL 33194 Mailing Address 2. Principal Place of Business 26-6815 8020 ω. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For 59-2306189 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BERNARD, RICHARD Street Address (P.O. Box Number is Not Acceptable) -900 SEVILLA AVE SUITE 215 CORAL GABLES FL 33134 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 printed 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 Tax filing 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition P/D ☐ Delete TITLE Change TITLE NAME MOLE, DONNA NAME STREET ADDRESS STREET ADDRESS 12445 SW 46TH ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33175 ☐ Addition ☐ Delete TITLE BERNARD, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 300 SEVILLA AVE, SUITE 213 CITY-ST-7IP CITY-ST-ZIP CORAL CABLES FL-33134 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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 ressiver or trustee empowered to execute this report as required by Chapter 601. 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.