FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

Jan 22, 2001 8:00 am Secretary of State **DOCUMENT # M63205** BAUMGARD REAL ESTATE & MANAGEMENT CO. 01-22-2001 90136 038 ***150.00 Principal Place of Business Mailing Address 1575 SAN IGNACIO 1575 SAN IGNACIO SUITE 100 SHITE 100 AUUV~ -**CORAL GABLES FL 33146** CORAL GABLES FL 33146 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0015029 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6...Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAUMGARD, DANIEL L. Street Address (P.O. Box Number is Not Acceptable) 1575 SAN IGNACIO #100 CORAL GABLES FL 33146 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ☐ Change ☐ Addition BAUMGARD, DANIEL L. NAME NAME STREET ADDRESS 1575 SAN IGNACIO #100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL** TITLE Delete ☐ Change ☐ Addition TITLE NAME BAUMGARD, DANIEL L. STREET ADDRESS 1575 SAN IGNACIO #100 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL CITY-ST-ZIP TITLE □.D<u>el</u>ete ☐ Addition TITLE Change BAUMGARD, LORI A. NAME NAME 1575 SAN IGNACIO #100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 explemental 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 expowered to execute bis 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.

DANIEL BAUMBARA PRESIDENT

CER OR DIRECTOR