

**2007 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 AUG -3 PM 2:15

**DOCUMENT #** M83123  
**1. Entity Name**  
 GENE HOWARD PROPERTIES, INC.

**2. Principal Place of Business**  
 1111 Lincoln Road  
 Suite Apt #, etc  
 Suite 400

**3. Mailing Address**  
 1111 Lincoln Road  
 Suite Apt # etc  
 Suite 400

DO NOT WRITE IN THIS SPACE

**4. FFI Number** 65-0059191 **Applied For** Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**City & State** MIAMI BEACH, FLORIDA **City & State** MIAMI BEACH, FLORIDA

**Zip** 33139 **Country** MIAMI-DADE **Zip** 33139 **Country** MIAMI-DADE

**7. Name and Address of Current Registered Agent**

**Name** EUGENE J. HOWARD, Esquire  
**Street Address (P.O. Box Number is Not Acceptable)**  
 1111 Lincoln Road Suite 400  
**City** MIAMI-BEACH **FL** **Zip Code** 33139

**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** \_\_\_\_\_  
(By a duly signed or printed name of registered agent and where applicable, with the Registered Agent's signature and seal accompanying)

**9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so**   
(See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution**  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DVP HOWARD, Elsie 1111 Lincoln Road Suite 400 MIAMI BEACH FL 33139	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	400107468064 08/07/07--01054--015 **558.75
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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CR2E034B (12/01)

**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. This 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 on an attachment with an address, with all other like empowered**

**SIGNATURE:** Elsie Howard **8/3/07** **305-538-6361**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR