2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M85942 May 04, 2000 8:00 am Secretary of State 1. Entity Name MITRANI, RYNOR, ADAMSKY, MACAULAY & ZORRILLA, P.A. 05-04-2000 90100 050 ***150.00 Principal Place of Business Mailing Address ONE SE THIRD AVE ONE SE THIRD AVE **SUITE 2200** SHITLE 2200 MIAMI FL 33131-1716 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0061446 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MITRANI. ISAAC J Street Address (P.O. Box Number is Not Acceptable) ONE SE 3RD AVENUE **SUITE 2200** MIAMI FL 33131 Zip Code 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, typed or printed name of registered agent and title if applicable (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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. $\overline{\mathbf{D}}$ ☐ Change ★\$Addition STD TITLE ☐ Delete TITLE Chamberlin, Pamela A. ADAMSKY, STEVEN E. NAME NAME STREET ADDRESS One SE Third Avenue, Suite 2200 110 SE 6TH STREET SUITE 1940 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, Florida 33131 FORT LAUDERDALE FL Change ☐ Addition TITLE ☐ Delete TITLE MITRANI, ISAAC NAME NAME STREET ADDRESS ONE SE 3RD AVENUE #2200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition VD. TITLE □ Delete TITLE RYNOR, JEFFREY NAME NAME STREET ADDRESS STREET ADDRESS ONE SE 3RD AVE #1440 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE NAME MACAULAY, ROBERT B NAME STREET ADDRESS ONE SE 3RD AVE., #2200 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33131 Change ☐ Addition ☐ Delete TITLE TITLE NAME ZORILLA, JUAN C NAME ZORRILLA, JUAN C STREET ADDRESS STREET ADDRESS ONE SE 3RD AVE., #2200 ONE SE #RD AVE, #2200 CITY-ST-ZIP CITY-ST-ZIE MIAMI FL 33131 MIAMI FL 33131 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME COHEN, LOREN H NAME STREET ADDRESS STREET ADDRESS ONE SE 3RD AVE., #2200 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131

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 an address with all other like empowered.

SIGNATURE:

IGNATURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 11, 2000 (305) 358-050