2001 UNIFORM BUSINESS REPORT (UBR)						FILED				
1. Entity Nam	MENT# <b>M899</b> 4 e r equities, inc.	14				Jul 25, 20 Secreta	001 08:0 ary of S			
Principal Place of Business Mailing Address 1111 LINCOLN ROAD, SUITE #800 1111 LINCOLN ROAD,			TE #800						-	
MIAMI BEACI 33139	H FL	MIAMI BEACH 33139		FL						
2. Principal Place of Business 1111 LINCOLN ROAD, SUITE #400 1111 LINCOLN ROAD, SUITE #400									-	
Suite, Apt.		Suite, Apt. #, etc.	"-			1 O.D	NOT WRITE IN TH	IIS SPACE	-	
City & State MIAMI BEACI		City & State MIAMI BEACH		FL	I	FEI Number 5-0119688		——————————————————————————————————————	pplied For ot Applicable	
Zip 33139	Country	Zip 33139	Count	ry	5.	Certificate of Status I	Desired	\$8.75 Ad Fee Require		
	6. Name and Address of Current	t Registered Agent	-	17.	7.	Name and Address	of New Register	ed Agent		
GARFINKLE BENJAMIN				Name GARFINI	KLE BI	ENJAMIN				
1111 LINCOLN ROAD SUITE 800				Street Ad		Box Number is Not Ad D	cceptable)			_
MIAMI BEACH FL 33139 US				SUITE 40	00				<u></u>	<u>.</u>
				City MIAMI B		_ <u></u>		Zip Cod 33139	de	
8. The above	named entity submits_this statement f	or the purpose of changing its	registere	d office or	registered ac	gent, or both, in the S	tate of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOTi	E: Registered	LAgent signatur	re required when I	reinstating	- 07/2	25/2001	<u> </u>	
								<u> </u>	·- <u></u>	4
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  This corporation is eligible to satisfy its Intangible  After MAY 1, 2001  Make Check Payable			01 Fee	will be \$5	50.00	10. Election Cam Trust Fund Co			00 May Be d to Fees	
11.	OFFICERS AND	DIRECTORS	12.	-	Ai	DDITIONS/CHANGES	S TO OFFICERS A	ND DIRECTOR	RS IN 11	4
TITLE NAME	PD GARFINKLE, BENJAMIN	☐ Delete	TITLE	:	PD	N GARFINKLE		X Change	☐ Addition	5034 (11/00)
STREET ADDRESS CITY-ST-ZIP	1111 LINCOLN ROAD #800 MIAMI BEACH	FL		ET ADDRESS ST-ZIP	1111 LINC MIAMI BE	OLN ROAD #400 ACH	FL	33139		034 (
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	ET ADDRESS ST-ZIP				☐ Change	☐ Addition	
of the cor	ertify that the information supplied wit on this report or supplemental report i poration or the receiver or trustee emp or on an attachment with an address,	is true and accurate and that no	ny signati as requir	iire shaii ha	iva ina coma	Jacob Stact se it mad	io undor onthe the	t I am an office	r or director	
SIGNAT		NKLE PRINTED NAME OF SIGNING OFFICER	OR DIRECTI	OR .	]	PD 07/25/2	2001	Daytime Phone #		-