2000 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2000 8:00 am Secretary of State DOCUMENT # M95839 KALIMAR CORPORATION 04-19-2000 90112 028 ***150.00 Principal Place of Business Mailing Address 1428 BRICKELL AVE 1428 BRICKELL AVE STE 105 STF 105 P000000 MIAMI FL 33131 MIAMI FL 33131-3409 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0074652 Not Applicable Country Zip Country \$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 HALPRYN ERNEST M Street Address (P.O. Box Number is Not Acceptable) 1428 BRICKELL AVE STE 105 **MIAMI FL 33131** Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Ξď. Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. XXAddition AS VICE PRESIDENT Change TITLE ☐ Delete TITLE WEISBERG, ALAN JAY JUDITH A HOERNER NAME NAME STREET ADDRESS 1428 BRICKELL AVE, STE 105 STREET ADDRESS 11428 BRICKELL AVE #105 CITY-ST-ZIP CITY-ST-ZIP MIAM! FL <u>MIAMI FL 33131</u> Change ☐ Addition ☐ Delete TITLE TITLE HALPRYN, ERNEST M. NAME NAME 1428 BRICKELL AVE, STE 105 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition STD ☐ Delete TITLE TITLE LABIANCA, PHILIP NAME NAME STREET ADDRESS STREET ADDRESS 1428 BRICKELL AVE, STE 105 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL **VPD** ☐ Change ☐ Addition ☐ Delete TITLE TITLE DEVECCHI, JOHN NAME NAME 1428 BRICKELL AVE, STE 105 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

ERNEST M HALPRYN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

03-22-00

305 371-4112