2003 NOT-FOR-PROFIT CORPORATION

Sep 10, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBP** DOCUMENT # N0200008600 09-10-2003 90050 001 ****61.25 REALITY PERSPECTIVE BANK INC. Principal Place of Business Mailing Address 2912 NW 55TH ST 2912 NW 55TH ST MIAMI FL 33142-2836 MIAMI FL 33142-2836 Principal Place of Buairress 3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For AniHown - 145 1280 Not Applicable Zip Country Zip 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 Name BOYD, CHRISTOPHER B Street Address (P.O. Box Number is Not Acceptable) 2912 NW 55TH ST MIAMI FL 33142-2836 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. **PCEO** TITLE ☐ Delete TITLE Addition BOYD, CURTIS L 📧 NAME NAME 2912 NW 55TH ST STREET ADDRESS STREET ADDRESS Jami F2 33142.2836 CITY-ST-ZIP MIAMI FL 33142-2836 CITY-ST-ZIP CEO ☐ Delete TITLE TITLE BOYD, ChristofHER 3. Addition BOYD, CHRISTOPHER B NAME 2912 N.W. 55 5 2912 NW 55TH ST STREET ADDRESS STREET ADDRESS MIAMI, EL 33142 2836 CITY-ST-ZIP MIAMI FL 33142-2836 CITY-ST-ZIP CEO ☐ Delete TITLE Change Addition BOYD, EMMA-M NAME ----3045 Emme M. 24/2 N.W. 55 9 NAME 2912 NW 55TH ST STREET ADDRESS STREET ADDRESS MIAMI FL 33142 2834 CITY-ST-ZIP MIAMI FL 33142-2836 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Scremah N.BIYD 2912 N.W. 554 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Mani a 33142-2836 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition CRANTORO, LYNETTE E NAME NAME 3075 N.W. UEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

☐ Delete

9/01/03

3051433.5549

☐ Change

☐ Addition

FILED