2000 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2000 8:00 am Secretary of State **DOCUMENT # N39005** ı٨ 03-06-2000 90076 025 ****61.25 DO THE RIGHT THING OF MIAMI, INC. Principal Place of Business Mailing Address % DONALD WARSHAW % DONALD WARSHAW 400 N.W. 2ND AVE. 400 N.W. 2ND AVE. MIAMI FL 33128-1706 MIAMI FL 33128-1706 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 65-0207781 Not Applicable Zip Country 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 Street Address (P.O. Box Number is Not Acceptable) WARSHAW, DONALD 400 N.W. 2ND AVENUE MIAMI FL 33138 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. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITLE TITLE ☐ Delete BELLAMY, ANGELA NAME NAME STREET ADDRESS STREET ADDRESS 400 N.W. 2ND AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Delete ☐ Addition STD TITLE ☐ Change TITLE NAME WARSHAW, DONALD NAME STREET ADDRESS STREET ADDRESS 400 N.W. 2ND AVENUE CITY-ST-ZIP CITY-ST-ZIP miami fl Delete ☐ Change Addition D TITLE TITLE NAME --- -STEM, RONALD K-MAME STREET ADDRESS STREET ADDRESS 3211 PONCE DE LEON BLVD CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied on 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 region 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 truster in powered 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 of the analysis of the rike empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

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305.416-1025

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Do The Right Thing, Inc. Board of Directors – 1999/2000

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