## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 05, 2000 8:00 am Secretary of State **DOCUMENT # N51463** 1. Entity Name 05-05-2000 90006 023 \*\*\*\*70.00 DADEFUND, INC. Mailing Address Principal Place of Business 200 S. BISCAYNE BLVD. 200 S. BISCAYNE BLVD. **SUITE 2780 SUITE 2780** MIAMI FL 33131-2305 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0366144 Not Applicable Country \$8,75 Additional Zip Country Ø 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SHACK, RUTH **SUITE 2780** 200 BISCAYNE BLVD. Zip Code City ۴L MIAMI FL 33131-2343 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be $\Box$ 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 ☐ Change TITLE TITLE ☐ Delete NAME NAME PRIO. MARIA ELENA CR2E037 STREET ADDRESS STREET ADDRESS 200 S BISCAYNE BLVD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition Change Delete TITLE TITLE D NAME GHISLAIN, GOURAIGE J NAME STREET ADDRESS STREET ADDRESS 701 BRICKETT AVE CITY-ST-ZIP CITY-ST-ZIP MIAM! FL Change Addition ☐ Delete TITLE TITLE NAME NAME HUDSON, SHERILL STREET ADDRESS STREET ADDRESS 200 SOUTH BISCAYNE BLVD, STE 2780 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Addition ☐ Delete TITLE Change TITLE DP NAME SHACK, RUTH NAME STREET ADDRESS STREET ADDRESS 200 S. BISCAYNE BLVD. CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL Change ☐ Addition ☐ Delete TITLE FARQUHAR, CAROL A NAME NAME STREET ADDRESS STREET ADDRESS 1031 WEST RHAN ROAD CITY-ST-ZIP CITY-ST-ZIP DAYTON OH ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME MCKENNA, MARY

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 attachn

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

312 PINE STREET

ORANGE TE

STREET ADDRESS