3/4/0 2000 UNIFORM BUSINESS REPORT (UBR) May 17, 2000 8:00 am Secretary of State DOCUMENT # N9200000227 1. Entity Name RICHMOND HEIGHTS COMMUNITY DEVELOPMENT CORPORATI 03-04-2000 90021 049 ****70.00 Principal Place of Business Mailing Address 14440 ÓLIVIA EDWARDS (LINCOLN) BLVD. 14440 OLIVIA EDWARDS (LINCOLN) BLVD. MIAMI FL 33176 MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0378328 Not Applicable \$8.75 Additional Ζιρ Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TERGUSON Box Number is Not Acceptab MALONE, CARLOS SR 14440 LINCOLN (OLIVIA EDWARDS) BLVD. **MIAMI FL 33176** Zip Cod 33/76 1, AMI 8. The above named entity submits this statement for the purpose A changing its registered office or registered agent, or both, in the state of Florida. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (66/6) ECRETARY Change Delete TITLE TITLE NAME GRAY, CHARLES NAME CR2E037 STREET ADDRESS BOULEMARD STREET ACCRESS 14000 MONROE ST CITY-ST-ZIP CITY-\$T-ZIP MIAMI FL 33176 PRESIDENT ☐ Change Addition **Delete** TIME NAME NAME SMITH, HAROLDT STREET ADDRESS 11111 PINKSTON DR MIAMI, FL 33116 STREET ADDRESS 8952 SW 127 TERRACE CITY-ST-ZIP CITY-ST-7:P **MIAMI FL 33176** Addition PRESIDENT ☐ Change Delete TITLE TITLE MALONE, CARLOS SR NAME NAME STREET ADDRESS LINCOLN BOULEVIACO 14440 LINCOLN (OLIVIA EDWARDS) BLVD! STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP MIAMI FL 33176 Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change

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

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CMY-ST-7/P

CITY-ST-ZIP

☐ Delete

Delete

Daytime Phone #

Addition

☐ Addition

☐ Change