2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OF DENINTED NAME OF SIGNING OF

FILED Jan 26, 2001 8:00 am DOCUMENT # P0000015130 **Secretary of State** 1. Entity Name BIG BEN DEVELOPMENT ENTERPRISES, INC. 01-26-2001 90146 017 ***150.00 Mailing Address Principal Place of Business ONE S.E. THIRD AVE., 15TH FLOOR ONE S.E. THIRD AVE., 15TH FLOOR - - 61 911 MIAMI FL 33131 MIAMI FI 33131 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Numbe Applied For 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 MOLLOY, DANIEL L Street Address (P.O. Box Number is Not Acceptable) 325 S. BOULEVARD TAMPA FL 33606 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 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 11. OFFICERS AND DIRECTORS 12. Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ESIDENT, DIRECTER ENFORD B. MIST Change 🕅 Addition TITLE ☐ Delete TITLE NAME NAME 1 SE 3 AVE, 15 + MPUR MIAM, FR 33/3 STREET ADDRESS STREET ADDRESS -CITY-ST-ZiP--CITY-ST-ZIP VICE PRESIDENT, PI RECTOR TITLE ☐ Delete TITLE BENTON MURPHEY NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete 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 receive 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 is changed, or on an attachment with an address with all other like empowered.