FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 30, 2001 8:00 am DOCUMENT # (2) Secretary of State 1. Entity Name 05-30-2001 90033 033 ***150.00 miami inc. Principal Place of Business Mailing Address 407 Lincoln rd. 407 Lincoln rd #5B #5B m. Beach Fl 33139 A0072218 n Beach It 3313 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ity & State Applied For Not Applicable 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 -111 1 407 Lincoln rd. #5B m. Beach, FL 33139 8. The above named entity submits this statement for the purpose of changing its re: istered office or registered agent, or both, in the State of Florida SIGNATURE NOTE: Registered Agent signature required when reinstating DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 12. Presiderii President (66/6) ☐ Delete ☐ Change Addition vaniel F. Scott Daniel F. Scott NANE NAME 423 caroline St. CR2E034 819 Peacock DIaza #682 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP key west, FL 33040 CITY-ST-7IP key west, FL 33041 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7iP TITLE ! ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete THUE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition JAME STREET ADDRESS STREET ADDRESS Offy ST-ZIP CHY-ST-ZIP пп ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS HTY ST 702 13. Thereby 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report asyquired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

Date

Daytime Phone #