Daytime Phone #

.2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P0000034172 1. Entity Name MORE-4-LESS REAL ESTATE, INC. 04-24-2001 90056 006 ***150.00 Principal Place of Business Mailing Address 7000 NW 32ND AVENUE 7000 NW 32ND AVENUE MIAMI FL 33147 30000* **MIAMI FL 33147** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-1000084 Not Applicable Zip Country Zip 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 SHEVLIN, BARRY T ESQ Street Address (P.O. Box Number is Not Acceptable) 1111 KANE CONCOURSE SUITE 605 **BAY HARBOR ISLANDS FL 33154** 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. (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) $\mathbf{x}\mathbf{x}$ Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD CR2E034 (10/00) TITLE ☐ Delete Change ■ Addition TITLE MILLER, CALVIN J NAME NAME Miller, Calvin J. 7000 NW 32ND AVENUE STREET ADDRESS STREET ADDRESS 7000 NW 32 Avenue CITY-ST-ZIP MIAMI FL 33147 CITY-ST-ZIP Miami, FL 33147 TITLE **☑** Delete TITLE ☐ Change ☐ Addition PEREZ. GEORGINA NAME NAME STREET ADDRESS 7000 NW 32ND AVENUE STREET ADDRESS CITY, ST-ZIP **MIAMI FL 33147** CITY-ST-ZIP TITLE" ☐ Delete TITLE Change Addition SUTHERLAND, ALLAN NAME NAME 7000 NW 32ND AVENUE STREET ADDRESS STREET ADDRESS **MIAMI FL 33147** CITY-ST-ZIP CITY-ST-ZIP \overline{VP} TITLE ☐ Delete TITLE ☐ Change X Addition Sawyer, Robert J. NAME NAME STREET ADDRESS STREET ADDRESS 7000 NW 32 Avenue CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33147 TITLE ☐ Delete TITLE ☐ Change XXAddition NAME NAME Barry, Charles R. STREET ADDRESS STREET ADDRESS 7000 NW 32 Avenue CITY-ST-ZIP CITY-ST-ZIP Miami, FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 receiver 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 if changed, or on an attachment with an address, with all other like empowered.