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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-02-2001 90121 044 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000044404

1. Entity Name
W/L GRIFFIN ROAD, ~~INC.~~

Principal Place of Business	Mailing Address
2665 SOUTH BAYSHORE DRIVE SUITE 1002 MIAMI FL 33133	2665 SOUTH BAYSHORE DRIVE SUITE 1002 MIAMI FL 33133

2. Principal Place of Business	3. Mailing Address
3250 MARY STREET	3250 MARY STREET
Suite, Apt. #, etc.: SUITE 500	Suite, Apt. #, etc.: SUITE 500
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33133 / Country: USA	Zip: 33133 / Country: USA

4. FEI Number: 65-1007502 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHATZ, RICHARD E STEARNS WEAVER MILLER WEISSLER, P.A. 150 WEST FLAGLER STREET, SUITE 2200 MIAMI FL 33130	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WEISER, SHERWOOD	NAME	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE SUITE 1002	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEFTON, DONALD	NAME	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE SUITE 1002	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	VPST ☐ Change ☒ Addition
NAME		NAME	W. PETER TEMLING
STREET ADDRESS		STREET ADDRESS	3250 MARY ST. STE 500
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI FL 33133
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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.

SIGNATURE: _____ W. Peter Temling V.P 4/27/01 305 445 2493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #