2001 UNIFORM BUSINESS REPORT (UBR)

Jan 25, 2001 8:00 am DOCUMENT # P00000050674 **Secretary of State** EVENSKY GROUP, INC. 01-25-2001 90134 012 ***150.00 Principal Place of Business Mailing Address 241 SEVILLA AVE. STE 902 241 SEVILLA AVE. STE 902 CORAL GABLES FL 33134-6622 CORAL GABLES FL 33134-6622 608389 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 105-1020240 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 201 S BISCAYNE BLVD, 1600 MIAMI CENTER **MIAMI FL 33131** 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. 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 \$5.00 May Be 10. Election Campaign Financing 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) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITI F ☐ Change ☐ Addition CR2E034 (10/00) EVENSKY, HAROLD NAME NAME 241 SEVILLA AVE, STE 902 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134-6622 CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition DEWITT, RICHARD NAME NAME 241 SEVILLA AVE, STE 902 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134-6622 CITY-ST-ZIP CITY-ST-ZIE TITLE THE ☐ Change ☐ Addition ☐ Delete KATZ-DEENA -NAME NAME 241 SEVILLA AVE, STE 902 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134-6622 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE □ Change Addition BROWN, PETER NAME NAME 241 SEVILLA AVE, STE 902 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CORAL GABLES FL 33134-6622 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

DIRECTOR

1/15/2001

305 4488882

Daytime Phone #