2003 FOR PROFIT CORPORATION

changed, or on an attachment with as

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## **UNIFORM BUSINESS REPORT (UBR)** Secretary of State P00000074643 DOCUMENT # 05-16-2003 90189 050 \*\*\*158.75 1. Entity Name SWAN HOLDINGS, INC. Principal Place of Business Mailing Address P.O. BOX 770188 P.O. BOX 770188 MIAMI FL 33177 MIAMI FL 33177 3. Mailing Address SAME 2. Principal Blace of Business 18629 SW 107 Ave Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For 65-1024120 Florida Miami, Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33157 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Reardon Levine Management, Inc. Street 9<sup>dd</sup> Sw (P.O. Box Number is Not Acceptable) 8629 TO AVENUE MILLER, BROOKS C 200 S BISCAYNE BLVD, SUITE 1690 **MIAMI FL 33131** <sup>City</sup> Miami 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. I am familiar with, and accept the obligations of register SIGNATURE V.P. Reardon Levine Mgt, Inc. April 30, 2003 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** ☐ Addition TITLE ☐ Delete TITLE **PSD** NAME REARDON, ERIC NAME REARDON, Eric STREE MADDRESS 8065 SW 107 AVE, UNIT 323 STREET ADDRESS 18629 SW 107 Avenue CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-7IP Miami, Florida 33157 TITLE 😴 ☐ Delete Addition NAME A SWANSON, HEATHER SWANSON, Heather STREET ADDRESS 8065 SW 107 AVE, UNIT 323 STREET ADDRESS 18629 SW 107 Avenue CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33173 Miami, Florida 33157 Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 poort is true and accurate and this 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 peceiver or trustee empowered to expect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

WEREIC Reardon, President April 30

**FILED** May 16, 2003 8:00 am