CR2E034 (10/00)

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2001 8:00 am DOCUMENT # P00000084812 **Secretary of State** RETAIL ESTATE MANAGEMENT, INC. 03-12-2001 90413 001 ***300.00 Principal Place of Business Mailing Address 3250 MARY STREET, SUITE 404 3250 MARY STREET, SUITE 404 COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 OULUR 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 65-103849 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 SNOWDEN, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 3250 MARY STREET, SUITE 404 **COCONUT GROVE FL 33133** 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 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) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Change ☐ Addition TITLE Delete SNOWDEN, ROBERT J NAME NAME STREET ADDRESS 3250 MARY STREET, SUITE 404 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **COCONUT GROVE FL 33133** TITLE Change ☐ Addition TITLE ☐ Delete NAME WITMER, SANDRA J NAME STREET ADDRESS 3250 MARY STREET, SUITE 404 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **COCONUT GROVE FL 33133** TITLE ☐ Addition - Delete GORLOW, ROBERT M NAME NAME STREET ADDRESS STREET ADDRESS 3250 MARY STREET, SUITE 404 CITY-ST-ZIP CITY-ST-ZIP **COCONUT GROVE FL 33133** TITLE ☐ Delete TITLE ☐ Change ☐ Addition TEMPLETON, TAD A NAME NAME STREET ADDRESS 3250 MARY STREET, SUITE 404 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **COCONUT GROVE FL 33133** Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITI F Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7iP

CITY-ST-ZIP

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBBUT J.