2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 16, 2001 8:00 am Secretary of State DOCUMENT # P00000090414 1. Entity Name MISSION PALMS INVESTMENTS, INC. 03-16-2001 90022 050 ***150.00 Mailing Address Principal Place of Business 7900 MIAMI LAKES DRIVE WEST 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016-5897 「こってく MIAMI LAKES FL 33016-5897 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-1043548 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Γ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRAFMAN, HOWARD J Street Address (P.O. Box Number is Not Acceptable) 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016-5897 Zip Code City FL 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 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DIR & PRES **X** Addition Change ☐ Delete TITLE TITLE NAME JAY I. KISLAK NAME STREET ADDRESS STREET ADDRESS 7900 MIAMI LAKES DR WEST CITY-ST-ZIP CITY-ST-ZIP DIR & SRVP & TREAS TITLE ☐ Delete THOMAS BARTELMO NAME NAME STREET ADDRESS 7900 MIAMI LAKES DR WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES, FL 33016 ☐ Change X Addition DIR & SRVP & SEC ☐ Delete TITLE NAME HOWARD J. BRAFMAN-NAME STREET ADDRESS STREET ADDRESS 7900 MIAMI LAKES DR WEST CITY-ST-7IP CITY-ST-ZIP MIAMI LAKES, FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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. (305) 364-4213SIGNATURE: Daytime Phone # Date PRESIDENT