FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 27, 2002 8:00 am ³/₂ Secretary of State P00000099176 DOCUMENT # 1. Entity Name CITY PLAZA CORP. 05-27-2002 90375 046 ***150 00 Principal Place of Business Mailing Address 17001 COLLINS AVENUE 17001 COLLINS AVENUE SUITE 149 292 SUITE 148 292 SUNNY ISLES BEACH FL 33160 SUNNY ISLES BEACH FL 33160 2. Principal Place of Business 3. Mailing Address 1001 (biling AVENUE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-1048975 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROUSSO, MARK E 2875 N.E. 191 STREET, PH 3A **AVENTURA FL 33180** 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 🤌 ☐ Delete Change Addition SAAL, JOSE NORBERTO NAMÉ NAME AVENUE SUITE 295 STREET ADDRESS 17001 COLLINS AVENUE SUITE 143 STREET ADDRESS CITY-ST-ZIP SUNNY ISLES BEACH FL 33160 CITY-ST-ZIP TITLE **VPSD** ☐ Delete TITLE Addition Change NAME ROUSSO, MARK E NAME SUITE 29条 17001 COLLINS AVENUE SUITE 143 STREET ADDRESS STREET ADDRESS SUNNY ISLES BEACH FL 33160 CITY-ST-ZIP CITY-ST-7IF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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.

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NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Delete

☐ Change

☐ Addition