(9/01)

2002 Uniform Business Report (UBR)

Apr 11, 2002 8:00 am Secretary of State P00000113176 **DOCUMENT #** 1. Entity Name REEF INVESTORS, INC. 04-11-2002 90058 022 ***150.00 Principal Place of Business Mailing Address 308 ALHAMBRA CIRCLE 2ND FLOOR 308 ALHAMBRA CIRCLE 2ND FLOOR CORAL GABLES FL 33134 CORAL GABLES FL 33134 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 65-1058097 Not Applicable Zip Country 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 FINAN, THOMAS P ESQ Street Address (P.O. Box Number is Not Acceptable) 8403 REDNOCK LANE MIAMI LAKES FL 33016 Zip Code City 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) 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. ☐ Change Delete Addition TITLE TITLE FIGUEROA, MANNY CPA NAME NAME 308 ALHAMBRA CIRCLE 2ND FLOOR STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition Addition ☐ Change TITLE 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 TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Manny Figueroa

SIGNATURE:

4/4/02

(305) 446-1120

Daytime Phone #