2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 18, 2002 8:00 am Secretary of State P01000013001 DOCUMENT # 1. Entity Name CLEARWATER PARK, INC. 04-18-2002 90335 036 ***158.75 Principal Place of Business Mailing Address 2828 CORAL WAY PH STE 2828 CORAL WAY PH STE MIAMI FL 33145 MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65 - 1075 Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HERNANDEZ, ANGEL A Street Address (P.O. Box Number is Not Acceptable) 2828 CORAL WAY PH STE MIAMI FL 33145 Zin 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 10. Election Campaign Financing \$5.00 May Be Jax 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Change TITLE ☐ Delete TITLE PEREZ, JORGE M MARIE NAME 2828 CORAL WAY PH STE STREET ADDRESS STREET ADDRESS **MIAMI FL 33145** CITY-ST-ZIP CITY-ST-ZIP X Addition **EVP** ☐ Change ☐ Delete TITLE TITLE NAME NAME ROCHA, ROBERTO S. STREET ADDRESS STREET ADDRESS 2828 Coral Way, Penthouse Suite CITY-ST-ZIP CITY-ST-ZIP Miami, F1 33145 ☐ Change XI Addition ☐ Delete TITLE TITLE VP,S NAME NAME HERMANDEZ, ANGEL A. STREET ADDRESS STREET ADDRESS 2828 Coral Way, Penthouse Suite CITY-ST-ZIP: CITY-ST-ZIP Change Addition-☐ Delete TITLE VP TITLE NAME NAME ALLEN, MATTHEW J. STREET ADDRESS STREET ADDRESS 2828 Coral Way, Penthouse Suite CITY-ST-ZIP CITY-ST-ZIP Miami, Fl 33145 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

VICE - PRESIDENT

FILED

Daytime Phone #