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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03 MAY 22 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000064663					
1. Entity Name AC/WBP THREE, INC.					
Principal Place of Business 355 ALHAMBRA CIR STE 900 CORAL GABLES, FL 33134			Mailing Address 355 ALHAMBRA CIR STE 900 CORAL GABLES, FL 33134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. Name and Address of Current Registered Agent COBB, KOLLEEN 355 ALHAMBRA CIR STE 900 CORAL GABLES, FL 33134			4. FEI Number 01-0756482		
5. Name and Address of New Registered Agent			Applied For		
			Not Applicable		
			5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
Name			City		
Street Address (P.O. Box Number is Not Acceptable)			FL		
City			Zip Code		
6. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent's signature required when releasing)					
DATE _____					
7. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
8. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: ACWBP Three, Inc. Kolleen Cobb Vice President 4/29/03 3055202300					

CFR2034 (10/02)