Sep 25, 2002 8:00 am Secretary of State

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DOCUMENT #2 P01000066533 09-25-2002 90119 001 ***550 00 1. Entity Name CIAMI OF ORMOND BEACH FLORIDA, INC. Principal Place of Business 265-A RIVERWALK SHOPPING Mailing Address Riverside DR. 265-A RIVERWALK SHORDING GENTED. HOLLY HILL FL 32117 HOLLY HILL FL 32117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 3735 445 Not Applicable Zip 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 " Name CIAMMITTI, ANTONIO U Street Address (P.O. Box Number is Not Acceptable) 265-A RIVERWALK SHOPPING CENTER HOLLY HILL FL 32117 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. 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 \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Dres. TITLE .. ☐ Delete (4/02)TITLE Addition Authory L. Clammitti NAME NAME 276 Abr Core TR. STREET ADDRESS STREET ADDRESS CR2E034 Ormand Rd. Fl. 32174 CITY-ST-ZIP CITY-ST-7P TITLE Delete TITLE ANTONIO U. CIAMMITTI ☐ Change ☐ Addition NAME NAME 26 FOXFORD CLASE STREET ADDRESS STREET ADDRESS Demond Bd. Fl. 3217 CITY-ST-ZXP CITY-ST-ZIP SEC. + TREASURER TITLE ☐ Delete TITLE Change ☐ Addition SAM-CIAMMITTI 8104 E. LAJUNTA NAME -NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP 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 60. Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

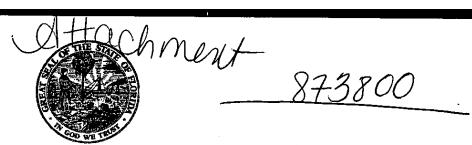
CITY-ST-ZIP

SIGNATURE REQUIRED

☐ Delete

☐ Change

☐ Addition



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

August 19, 2002

CIAMI OF ORMOND BEACH FLORIDA, INC. 265-A RIVERWALK SHOPPING CENTER HOLLY HILL, FL 32117

Subject: CIAMI OF ORMOND BEACH FLORIDA, INC.

Reference Number:

P01000066533

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

Please note the money amounts differ on the check. The numeric and written amounts must be the same. Please send a corrected check for the proper amount.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JN ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314