FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 17, 2002 8:00 am Secretary of State DOCUMENT # P01000102935 1. Entity Name 07-17-2002 90130 017 ***150 00 TIFF & DAV, INC. Principal Place of Business Mailing Address 8901 N.W. 33RD STREET 8901 N.W. 33RD STREET SUITE 150 SUITE 150 MIAMI FL 33172 MIAMI. FL 33172 .. 2. Principal Place of Business 72 Arnue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ΛIO. City & State 4. FEI Number Applied For iam Not Applicable Country Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RASCO, REININGER & PEREZ. P.A. Street Address (P.O. Box Number is Not Acceptable) 283 CATALONIA AVENUE, 2ND FLOOR CORAL GABLES FL 33134 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 Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSTD** ☐ Delete TITI F Change Addition NAME GIL, ERLI CAROLINA NAME STREET ADDRESS 3314 DEVON COURT STREET ADDRESS CITY-ST-7/P **MIAMI FL 33133** CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME when authority offer the print NAME STREET ADDRESS) STATE OF STREET ADDRESS) STATE OF STREET ADDRESS) STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13.-I hereby certify that the information supplied with this filling 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

SIGNATURE:

Daytime Phone #



MICHAEL GLINSKY & COMPANY, CPA, PA

Certified Public Accountants, Members AICPA, FICPA

July 11, 2002

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Ref: Document Number P01000102935

To Whom It May Concern:

We are the accountants for Tiff & Dav, and represent them in this matter. Our client never received the 2002 Uniform Business Report previously. The mailing address on the form was incorrect, as we corrected it on the form. Our client was lucky to receive this form now.

We ask you that you accept the \$150 with this report, since is the first time our client files this form and the mailing address was incorrect.

nad Colinothy Ecos CPA

Thank you,

Michael Glinsky & Co., CPA