2002 UNIFORM BUSINESS REPORT (UBR)

May 29, 2002 8:00 am Secretary of State **DOCUMENT #** P01000117240 04-29-2002 90024 043 ***158.75 1. Entity Name N & R INVESTMENTS OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 8395 S.W. 135 ST 8395 S.W. 135 ST MIAMI FL 33158 MIAMI FL 33156 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 01-05529 Not Applicable Zip Country 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 COLLINS. KEITH -Richard M. Bezold Street Address (P.O. Box Number is Not Acceptable) One SE Third Avenue 8395 S.W. 135 ST MIAMI FL 33156 City ^{Zip} 33131 Miami 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE ☐ Defete TITLE Director, President Addition CR2E034 (9/01) NAME NAME Richard M. Bezold STREET ADDRESS STREET ADDRESS 8395 SW 135 Street CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33156 THLE Delete TITLE Director, Vice President Change NAME STREET ADDRESS Noreen R. Manella STREET ADDRESS CITY-ST-7IP 8395 SW 135 Street CITY-ST-71P Miami, FL 33156 TIDE ☐ Delete TITLE ☐ Change NAME ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ħπE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLÉ ☐ Dalete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS 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

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