FILED May 05, 2003 8:00 am \(\frac{8}{2} \)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2.p Country Zip Country 5. Certificate of Status Desired \$8.75 Additional \$8.75 Addit	DOCUMENT # P0200093131 1. Entity Name 2061 NE 1ST CORP.								Secretary 05-05-2003 90329		
Suite, April #, etc.	550 BILTMORE SUITE 700	: WAY	550 BI Suite	550 BILTMORE WAY SUITE 700				I I Branch and Branch (1811 Beaut State Beaut State County (1884 1188) and 1881			
City & State Ci	2. Principal P	lace of Business	3. Maili	ing Address					!		
Second points Second point	Suite, Apt.	#, etc.	Suite	, Apt. #, etc.					☐ CHECK HERE IF MA	KING CHANGES	
S. Name and Address of Current Registered Agent POLLER, NEALE J SSD BILTMORE WAY SUITE 700 CORAL GABLES FL 33134 Site of Address (P.O. Box Number is Not Acceptable) Site of Address (P.O. Box Number is Not Acceptable in Not Acceptable in Number is Not Accept	City & Stat	e	City	& State				4. FEI	Number	7-3	pplied For
POLILER, NEALE J 550 BILTMORE WAY SUITE 700 CORAL GABLES FL 33134 B. 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 familier with, and acceptable) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 FILE NOW!!! FEE IS \$150.00 BRENNAN, EAMOD BRENNAN, EAMOD CORAL GABLES FL 33134 THE NAME SIRET ADDRESS CITY-ST-2P Change Addit ADDRESS CITY-ST-2P Change ADDRESS CITY-ST-2P Ch	Zip	Country	Zip		Coun	try		5 . Cert	ificate of Status Desired		
POLIER NEALE J 550 BILTMORE WAY SUITE 700 CORAL GABLES FL 33134 8. The above named entity submits this statement for the purpose of changing its registered origination of registered agent, or both, in the State of Florida. I am familiar with, and accerned obligations of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME MAKE BIRET ADDRESS DITY-ST-2P CORAL GABLES FL 33134 Detel NAME SIRET ADDRESS DITY-ST-2P TIME NAME SIRET ADDRESS DITY-ST-2P Detel NAME SIRET ADDRESS DITY-ST-2P SIRET ADDRESS DITY-		6. Name and Address of Curren	t Registere	d Agent	ł,			7. Nam	e and Address of New Regist	ered Agent	
POLIER NEALE J 550 BILTMORE WAY SUITE 700 CORAL GABLES FL 33134 8. The above named entity submits this statement for the purpose of changing its registered origination of registered agent, or both, in the State of Florida. I am familiar with, and accerned obligations of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME MAKE BIRET ADDRESS DITY-ST-2P CORAL GABLES FL 33134 Detel NAME SIRET ADDRESS DITY-ST-2P TIME NAME SIRET ADDRESS DITY-ST-2P Detel NAME SIRET ADDRESS DITY-ST-2P SIRET ADDRESS DITY-		·				Name	<u> </u>				
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B. The above named entity submiss this statement for the pursuse of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent. FILE NOW!!! FEE IS \$150.00	SUITE 700	1									j
SIGNATURE FILE NOW!!! FEE IS \$150.00 Provided name of registered agent and attor it acticitables. PROTE: Registered Agent segnations required when remotaling) DATE	CORAL G	ABLES FL 33134				City		-		FL Zip Cod	e
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.			or the purpo	se of changing its	registere	ed office or	registered	agent,	1	l am familiar with,	and accept
After May 1, 2003 Fee will be \$55.00 Make Check Payable to Florida Department of State 10.	SIGNATURE .	Signature, typed or printed name of registered agen	and title if appli	cable. (NOT	E: Registere	d Agent signatu	ire required wh	hen reinsta		DATE	
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1. Literary corruy traiting information elliphian with this tilled dogs not allow for the evention stated in Section 110 D (Chief Library State) on the first the information of the contraction of the	CITY-ST-ZIP	partify that the information opposited with	th this files	does not qualify for	CITY	ST-ZIP	ad in Soct	ion 110	07(3)(i) Florida Statutos I furth	ar partify that the in	nformation

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 direction 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 price like empowered.

SIGNATURE:

<u>SIGNATURE REQUIRED</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #