FILED Mar 17, 2003 8:00 am & Secretary of State

03-17-2003 90058 010 ***155.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000132384

1. Entity Name

ASSOCIATED CAPITAL INVESTMENT GROUP, INC.



Principal Place of Business 9500 S DADELAND BLVD SUITE 700 MIAMI FL 33156			Mailing Address 9500 S DADELAND BLVD SUITE 700 MIAMI FL 33156						
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State			4.	4. FEI Number Applied For Not Applicable		
Zip Country			Zip Coun		гу	5.	Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current						7. Name and Address of New Registered Agent			
ADELAND E		~- <u>-</u>	نه در هی کندرستان ۱۰۰۰ ۱۰۰۰				ox Number is Not Acceptable) FL Zip Code		
Signature, typed	or printed name of registered age ! FEE IS \$150.00 3 Fee will be \$550.00	ent and title if app							
K Payable to			RS	111		ΔΩ	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
D GONZALE	****		☐ Delete	TITLE			Change Addition		
			☐ Delete	STREE	T ADDRESS		☐ Change ☐ Additio		
	ما روا مثله ما الماسيسية	n ganden ger	□ Delete	STREE	T ADDRESS	مانون جيمد	☐ Change ☐ Additio		
			□ Delete				☐ Change ☐ Additio		
	70 m. a		☐ Delete				Change Additio		
			☐ Delete	TITLE NAME STREET	r address		☐ Change ☐ Addition		
	Place of Busin t. #, etc. 156 Place of Busin t. #, etc. 150 150 150 150 150 150 150 15	Place of Business I. #, etc. Ite Country 6. Name and Address of Curre DONALD D JR DADELAND BLVD SUITE 700 . 33156 e named entity submits this statement ations of registered agent. Signature, typed or printed name of registered agent and y 1, 2003 Fee will be \$550.0 or May 1, 2003 Fee will be \$550.0 or May 1, 2003 Fee will be \$550.0 or Payable to Florida Department OFFICERS AN D GONZALEZ, LUIS 6213 PARADISE POINT DRIVE MIAMI FL 33157	Place of Business It. #, etc. Country Country Jip Country Jip Country Jip Country Jip ADELAND BLVD SUITE 700 33156 The named entity submits this statement for the purpations of registered agent. Signature, typed or printed name of registered agent and title if applications, typed or printed name of registered agent and title if applications. FILE NOW!!! FEE IS \$150.00 The May 1, 2003 Fee will be \$550.00 The Payable to Florida Department of State OFFICERS AND DIRECTO D GONZALEZ, LUIS 6213 PARADISE POINT DRIVE MIAMI FL 33157	ELAND BLVD SUITE 700 156 S00 S DADELAND BLVD MIAMI FL 33156 Place of Business 3. Mailing Address L. #, etc. Suite, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent DONALD D JR DADELAND BLVD SUITE 700 33156 e named entity submits this statement for the purpose of changing its ations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 or May 1, 2003 Fee will be \$550.00 or Pay 1, 2003 Fee will be \$550.00 or Pay 1, 2003 Fee will be \$50.00 or May 1, 2003 Fee will be \$50.00 or May 1, 2003 Fee will be \$550.00 or May 1, 2003 Fee will be \$550.	Place of Business 3. Mailing Address L. #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country 6. Name and Address of Current Registered Agent DONALD D JR DADELAND BLVD SUITE 700 33156 e named entity submits this statement for the purpose of changing its registered attions of registered agent. Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered agent. NOTE: Registered agent and title if applicable. CILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 or Ray 2, 2004 Fee IS \$150.00 or Ray 2, 2004 Fee IS \$150.00	Place of Business 3. Mailing Address L. #, etc. Suite, Apt. #, etc.	ELAND BLVD SUITE 700 9500 \$ DADELAND BLVD SUITE 700 MIAMI FL 33156 Place of Business 3. Mailing Address L. #, etc. Suite, Apt. #, etc. City & State Country Zip Country 5. (6. Name and Address of Current Registered Agent DONALD D JR NAME ** DONALD D JR NAME ** OCITY Street Address (P.O. B. Street Address (P.O. B. City City e named entity submits this statement for the purpose of changing its registered office or registered agent strons of registered agent. ** Signiture, typod or private frame of impatened agent and title if applicable. INCITE: Registered Agent sgnature required when re Signiture, typod or private frame of impatened agent and title if applicable. INCITE: Registered Agent sgnature required when re Signiture, typod or private frame of matter of title if applicable. TILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 Ix Payable to Florida Department of State OFFICERS AND DIRECTORS Delete MAME SIRET ADDRESS CITY-SI-ZIP Delete ITILE NAME SIRET ADDRESS CITY-SI-ZIP Delete TITLE NAME SIRET ADDRESS CITY-SI-ZIP Delete NAME		

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.

SIGNATURÉ