FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am DOCUMENT # **Secretary of State** P31949 1. Entity Name 02-11-2002 90076 030 ***158.75 PALMCOS INC. Principal Place of Business Mailing Address ONE S E THIRD AVE ONE SIE THIRD AVE STE 1700 STE 1700 MIAMI FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address 800 BRIGHELL AVE 800 BRICKELL AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE QUI SUITE Applied For City & State City & State 4. FEI Number 65-0227422 CORIDA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01) ☐ Addition PD PD TITLE ☐ Delete TITLE HERETH, HANNJORG HERETH, HANNJORG NAME NAME 800 BRICKELL AVE. STE. QO) CR2E034 ONE SE THIRD AVE #1700 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP MIAMI FL CITY-ST-ZIP MIAMI, FL 33131 Change ☐ Addition TITLE **VPST** ☐ Delete TITLE RAZOOK, RICHARD J. 800 BRICHELL MVE. RAZOOK, RICHARD J NAME STE. 201 STREET ADDRESS ONE S E THIRD AVE, STE 1700 STREET ADDRESS miami, FL 33131 CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME 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 ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 changed, or on an attachment with an address, with all otter like empowered.

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