,2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P92000006551 May 04, 2000 8:00 am Secretary of State 1. Entity Name HARBIE DEVELOPMENT, INC. 05-04-2000 90225 029 ***150.00 Principal Place of Business Mailing Address C/O STEPHEN A. FREEMAN ESO C/O STEPHEN A. FREEMAN ESQ 520 BRICKELL KEY DRIVE SUITE 0-305 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131-2610 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0371591 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FREEMAN, STEPHEN A Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DR **SUITE 0-305** MIAMI FL 33131 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. DΡ ☐ Change ☐ Addition ☐ Delete TITLE TITLE HARBIE, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 2200 NW 102 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition **VPS** TITLE ☐ Delete TITLE NAME HARBIE, MIKHAEL NAME STREET ADDRESS STREET ADDRESS 2200 NW 102ND AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Change ☐ Addition TITLE ☐ Delete NAME FREEMAN, STEPHEN A ESQ NAME STREET ADDRESS STREET ADDRESS 520 BRICKELL KEY DR., 0-305 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** Change Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all of the provented.

Stephen A. Freeman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 374-3800

SIGNATURE: