2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 06, 2000 8:00 am Secretary of State DOCUMENT # P92000006649 1. Entity Name and the second TIDEKEY CORP . . 03-06-2000 90009 024 ***150.00 Standard Co Mailing Address Principal Place of Business % FRED K, LICKSTEIN, ESQ. % FRED K. LICKSTEIN, ESO. 100 S.E. 2ND STREET. 17TH FLOOR 100 S.E. 2ND STREET, 17TH FLOOR MIAMI FL 33131-2158 MIAM! 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 65-0469924 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ere 7 LICKSTEIN, FRED K ESQ. Street A 100 S.E. 2ND STREET, 17TH FLOOR MIAMI FL 33131 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 J (NOTE: Registered Agent signature required when reinstating) nent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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. 11. PTD Change ☐ Addition TITLE Delete TITLE PUNCELES, CARLOS A NAME NAME 100 S.E. 2ND STREET, 17TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE DE COSTA, ANTONIETA P NAME NAME STREET ADDRESS 100 S.E. 2ND STREET, 17TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Change ☐ Addition ☐ Delete TITLE TITLE DE BENEDETTI, JOSEFINA P NAME NAME 100 S.E. 2ND STREET, 17TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME **PMAN**

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 other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

2/21/00

(305) 856-757

Change

☐ Addition

Daytim