FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9300018308

1. Entity Name

11.

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIE

CITY-ST-ZIP

Mami Florida 33131

Florida

ASSISTANT SECRETURY OFFICER
MARTA E. HERMIDA

301 BRICKEII KEY DR., SUITEGOO

3313 i

SECRETARY OFFICER

BEVERLIEY C CARBY 501 BRICKETT KLY DR

FILED Mar 31, 2002 8:00 am **Secretary of State**

03-31-2002 90370 012 ***150.00

OURTS. NC. 752289DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 501 BIZICICE! 3. Mailing Address
501 BRICKELL KEY DR. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 600 **ut**e 4. FEI Number Applied For City & State City & State Mani Miani Florida Hoizipa 650495830 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33131 Fee Required 7. Name and Address of Current Registered Agent Name GREGE Iolanio DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) PICKEII IN THIS SPACE 600 City Miam Zip Code ろろいろ 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) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. \square Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS Chairman Director CR2E034B (12/01) TITLE NAME KEITTI GI KERR 501 Brickell Key Deire, 5600 STREET ADDRESS STREET ADDRESS Mami, FL 33131 City-ST-ZIP CITY-ST-7IP PRESIDENT DIRECTOR OFFICER TITLÉ NAME Stephen 😓 L. Owens STREET ADDRÉSS STREET ADDRESS 501 BRICICEII ICEY DRIVE SINTEGOO CITY-ST-ZIP CITY-ST-7IP Miami, FL 33(31) VICE PRESIDENT DIRECTOR OFFICER TITLE NAME J. MEGAN Kally SOLBREEF LEY DRIVE S-600 STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY+ST-ZIP CITY-ST-ZIP 33131 FL. VICE PRESIDENT | DIRECTOR | OFFICER IN THIS SPACE NAME. Maile Aquila SOI BRICKEN KEY DRIVE, S-600

Mani 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 eath; 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 on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY~ST-ZIP

TITLE

NÁME STREET ADDRESS

TITLE

NAME

SIGNATURE:

BEVERIEN

Carby Suite 600

18/02 371.3877 Davtime Phone ≠