2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 29, 2000 8:00 am DOCUMENT # P93000022050 1. Entity Name **Secretary of State** B.R.C. FLORIDA, INC. 02-29-2000 90159 013 ***150.00 Principal Place of Business Mailing Address 850 OCEAN DRIVE 200 SOUTH BISCAYNE BLVD. 20TH FLOOR MIAMI BEACH FL 33139 V1/000 MIAMI FL 33131-2310 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Äpt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0420764 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WOOD, RICHARD A ESQ. Street Address (P.O. Box Number is Not Acceptable) KEITH MACK 200 S. BISCAYNE BLVD., 20TH FLOOR MIAMI FL 33131 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its regist red office or registered agent, or both, in the State of Florida. SIGNATURE or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition ☐ Delete TITLE TITLE BRUNETTA, CLAUDIO NAME NAME STREET ADDRESS 5161 COLLINS AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BCH FL 33140 ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 style 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 producered 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 propowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR