2001 UNIFORM BUSINESS REPORT (UBR)

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Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P93000022\$81 RAVENSCROFT HOLDINGS INC. 04-10-2001 90059 042 ***158.75 Principal Place of Business Mailing Address 3251 PONCE DE LEON BLVD 3251 PONCE DE LEON BLVD CORAL GABLES FL 33134-7201 CORAL GABLES FL 33134-7201 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0588516 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCALPIN, RICHARD J ESQ. Street Address (P.O. Box Number is Not Acceptable) 80 S.W. 8TH STREET **SUITE 2805 MIAMI FL 33130** City Zip Code 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, 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition CR2E034 (10/00 TITLE ☐ Delete TITLE HOSKINSON, LEONARD J NAME NAME STREET ADDRESS STREET ADDRESS 3251 PONCE DE LEON BLVD CITY-ST-ZIP CITY-ST-7IP CORAL GABLES FL ☐ Change ☐ Addition TITLE TITLE Delete ARTHUR, JOHN NAME NAME STREET ADORESS STREET ADDRESS 3251 PONCE DE LEON BLVD CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL Delete ☐ Change TITLE ☐ Addition TITLE KURUP, AJIT NAME NAME STREET ADDRESS STREET ADDRESS 3251 PONCE DE LEON BLVD CITY-ST-ZIP CITY-ST-7IP **CORAL GABLES FL** ☐ Addition TITLE ☐ Delete TITLE NAME MENENDEZ ROSS, RICARDO NAME STREET ADDRESS **GREYHOUND HOUSE 23-24 GEORGE ST** STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP RICHMOND, SURREY, UK TITLE ☐ Delete TITLE Change ☐ Addition VAN WALTER, KAREN NAME NAME STREET ADDRESS STREET ADDRESS 3RD FL 111 SW 3RD ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33130 ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 application, with all other like empowered.