2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

'00 FEB 10 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

021687

DOCUMENT # P93000034536

1. Entity Name

WHERE IS THE HOUSE, INC.

Principal Place of Business	Mailing Address
555 JEFFERSON AVENUE MIAMI BEACH FL 33139 US	555 JEFFERSON AVENUE MIAMI BEACH FL 33139-6302 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	701 BRICKELL AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 3000
City & State	City & State MIAMI, FLORIDA
Zip / Country	Zip / Country 33131

4. FEI Number 65-0419789 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ESTEFAN ENTERPRISES, INC. 555 JEFFERSON AVNUE MIAMI BEACH FL 33139	Name: INTRASTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable): 701 BRICKELL AVENUE SUITE 3000 City: MIAMI **FL** Zip Code: 33131

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: INTRASTATE REGISTERED AGENT CORPORATION — DATE: 2/9/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
BY: STEVEN H. HAGEN, VICE PRESIDENT

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C ESTEFAN, EMILIO JR 555 JEFFERSON AVENUE MIAMI BEACH FL 33139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC ESTEFAN, JR., EMILIO 555 JEFFERSON AVENUE MIAMI BEACH, FLORIDA 33139 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD ESTEFAN, GLORIA M 555 JEFFERSON AVENUE MIAMI BEACH FL 33139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600003136896--6 -02/16/00--01016--019 ****158.75 ****158.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P AMADEO, FRANK 555 JEFFERSON AVENUE MIAMI BEACH FL 33139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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.

SIGNATURE: _____ 1/11/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #