2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Feb 09, 2000 8:00 am Secretary of State DOCUMENT # P93000043826 ALHAMBRA CAPITAL MANAGEMENT, INC. 02-09-2000 90359 014 ***150.00 Principal Place of Business Mailing Address 1060 REDBIRD AVE. 190-D WESTWARD DRIVE MIAMI SPGS, FL 33166-3223 SUITE D MIAMI SPRINGS FL 33166 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0420684 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BALTAR, BARBARA Street Address (P.O. Box Number is Not Acceptable) 1060 REDBIRD AVE. MIAMI SPGS. FL 33166 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent 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 Tax filing requirement and elects to do so. After 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 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change ☐ Delete TITLE TITLE BALTAR, BARBARA NAME NAME STREET ADDRESS 1060 REDBIRD AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI SPGS. FL ☐ Addition CDM ☐ Change TITLE Delete TITLE HAAS, WALTER J. NAME NAME STREET ADDRESS 1060 REDBIRD AVE. STREET ADDRESS MIAMI SPGS. FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE HAAS, MICHAEL NAME NAME STREET ADDRESS 199 14TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30309 ☐ Addition ☐ Change ☐ Delete TITLE TITLE HAAS, GEOFFREY W. NAME NAME STREET ADDRESS 1765 THURSTON DRIVE STREET ADDRESS CITY-ST-ZIP CROZET VA CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE HAAS, DEBORAH K. NAME NAME STREET ADDRESS 2190 DEVONSHIRE ROAD STREET ADDRESS CITY-ST-ZIP CHARLOTTESVILLE VA CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE BARGAMIN, KRISTEN NAME NAME STREET ADDRESS 1060 REDBIRD AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI SPGS FL 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 reserver 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

FILED