2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000050900 Jun 05, 2000 8:00 am 1. Entity Name **Secretary of State** HARBOR ISLANDS REALTY, INC. 06-05-2000 90015 023 ***158.75 Principal Place of Business Mailing Address B0098905 2. Principal Place of Business 3. Mailing Address 201 Alhambra Circle PO BOX 026000 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt # etc. 12th Floor 4. FEI Number Applied For City & State City & State Coral Gables Miami, FL 65-0437231 $_{
m FL}$ Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33134 33102 Fee Required USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Juanita I. Kerrigan Street Address (P.O. Box Number is Not Acceptable) 201 Alhambr<u>a Circle</u> 12th F1 Zip Code Coral Gables 33134 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 DATE Signature, typed 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 \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. TITLE PD ☐ Change X Addition TITLE ☐ Delete NAME McNairy, Charles L. NAME STREET ADDRESS STREET ADDRESS 201 Alhambra Circle 12th FLR CITY-ST-ZIP CITY-ST-7IP Coral Gables, FL 33134 Addition ☐ Change TITLE □ Delete NAME Getman, Dennis J. STREET ADDRESS STREET ADDRESS 201 Alhambra Circle 12th FLR CITY-ST-ZIP CITY-ST-ZIP Coral Gables, FL 33134 ☐ Change Addition □ Delete TITLE VSD NAME NAME Kerrigan, Juanita I. STREET ADDRESS STREET ADDRESS 201 Alhambra Circle 12th FLR CITY-ST-ZIP CITY-ST-ZIP Coral Cables, Fl 33134 ☐ Change X Addition ☐ Delete TITLE TITLE NAME NAME Rama, Michael STREET ADDRESS STREET ADDRESS 201 Alhambra Circle 12th FLR CITY-ST-ZIP CITY-ST-ZIP Coral Gables, FL 33134 Addition TITLE ☐ Change ☐ Delete TITLE NAME Raymond, Warren STREET ADDRESS STREET ADDRESS 201 Alhambra Circle 12th FLRG CITY-ST-ZIP CITY-ST-ZIE Coral Gables, FL 33134 ☐ Change Addition ☐ Delete TIT! F TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: By: Smarita S. Kerrigan VP/Scritary
Signature and Typed or Printed Name of Signing Officer or director

Signature AND Typed Or Printed Name of Signing Officer or director

STREET ADDRESS

4/20/00 (305) 442-7000 Dayline Phone * CR2E034 (