FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

7/24/02 FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000057540

AMENDED

1. Entity Name
516 HOLDINGS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5553 W. WATERS AVENUE		2 S. BISCAYNE BLVD.	
Suite, Apt. #, etc. SUITE 307		Suite, Apt. #, etc. SUITE 3400	
City & State TAMPA, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33634	Country USA	Zip 33634	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3231453
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Valdes-Fauli Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
2 S. Biscayne Boulevard, Suite 3400

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: VALDES-FAULI CORPORATE SERVICES, INC.
Michael Steven Greene, Vice President 8/19/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MILLER, BRAD 5553 W. WATERS AVENUE, STE 307 TAMPA, FLORIDA 33534	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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

SIGNATURE: BRAD MILLER 8/20/02 (800) 741-5126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8/22/02