.. 2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P93000075032 Apr 04, 2000 8:00 am Secretary of State 1. Entity Name D.F. REALTY, INC. 04-04-2000 90008 009 ***150.00 Principal Place of Business Mailing Address 3400 ONE BISCAYNE TOWER 3400 ONE BISCAYNE TOWER TWO SOUTH BISCAYNE BLVD. TWO SOUTH BISCAYNE BLVD. MIAMI FL 33131-1906 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-046 1268 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VALDES-FAULI CORPORATE SERVICES INC Street Address (P.O. Box Number is Not Acceptable) 3400 ONE BISCAYNE TOWER TWO SOUTH BISCAYNE BLVD. **MIAMI FL 33131** Zip Code City 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change ☐ Addition TITLE TITLE ☐ Delete DE FILIPPO, GIOVANNI NAME NAME ONE BISCAYNE TOWER TWO S. BISCAYNE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE DE FILIPPO, GLAUCO NAME NAME ONE BISCAYNE TOWER TWO S. BISCAYNE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIF DVP Addition ☐ Change ☐ Delete TITLE DE FILIPPO, MAURO NAME ONE BISCAYNE TOWER TWO S. BISCAYNE BLVD. STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 the 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 employered 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

IGNATURE AND TYPED OR PHINTED NAME OF SIGNING FFICER OF DIRECTOR

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3/23/

305-376-6600

Daytime Phone #