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Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jul 19, 2001 8:00 am Secretary of State **DOCUMENT #** P94000019796 1. Entity Name 07-19-2001 90001 023 ***550 00 TH 27 CORPORATION Principal Place of Business Mailing Address νουσσιγδ 881 OCEAN DR. 881 OCEAN DR. TH 27 TH 27 **KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCCAUGHAN, WILLIAM P Street Address (P.O. Box Number is Not Acceptable) 80 SW 8TH STREET **SUITE 2803 MIAMI FL 33130** Zip Code FL 8. The bove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (5/01) DP ☐ Delete ☐ Change ☐ Addition TITLE TITLE KIRBY, JOHN W NAME NAME 881 OCEAN DR. TH27 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **KEY BISCAYNE FL 33149** CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE DV TITLE KIRBY, JULIANA NAME NAME STREET ADDRESS 881 OCEAN DR. TH27 STREET ADDRESS CITY-ST-ZIP **KEY BISCAYNE FL 33149** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME KIRBY, CATALINA NAME STREET ADDRESS 881 OCEAN DR. TH27 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **KEY BISCAYNE FL 33149** ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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