2001 UNIFORM BUSINESS REPORT (UBR)

May 01, 2001 8:00 am Secretary of State DOCUMENT # **P94000023128** 1. Entity Name BAMCO 441, INC. 05-01-2001 90027 042 ***150.00 Principal Place of Business Mailing Address 1991 SW 40TH AVE. 1492 E BROWARD BLVD FORT LAUDERDALE FL 33317 FORT LAUDERDALE FL 33301 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0469261 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRANCO, ANGEL T Street Address (P.O. Box Number is Not Acceptable) 1492 E BROWARD BLVD FORT LAUDERDALE FL 33301 City Zio Code 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTF: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD Delete ☐ Adoition TITLE TITLE 🔲 Change FRANCO, ANGEL T NAME NAME STREET ADDRESS STREET ADDRESS 1492 E BROWARD BLVD CITY-ST-ZIP OFFY-ST-ZIP FORT LAUDERDALE FL 33301 TITLE ☐ Delete 3015 Change Addition FRANCO, MARY HELEN NAME NAME STREET ADDRESS STREET ADDRESS 1492 E BROWARD BLVD C₄TY - ST - ZIP CITY-ST-Z:P FORT LAUDERDALE FL 33301 TITLE ☐ Delete TITL S ☐ Chappe ☐ Adottien NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZiP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP Addit on ☐ Delete 71118 □ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - Z:P 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 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.

MUNIAULU UCE- PRESI DENT MASIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 04/24/01

(974)503 - 9609 Exprime Phone #

FILED

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