2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000062531** Apr 26, 2000 8:00 am Secretary of State 1. Entity Name CINL PROPERTIES, INC. 04-26-2000 90164 039 ***150.00 Principal Place of Business Mailing Address 1702 5TH AVE. 1702 5TH AVE. TAMPA FL 33605-5116 tampa fl 33605 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0519201 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAZZARA, NELSON D Street Address (P.O. Box Number is Not Acceptable) 1702 5TH AVE. TAMPA-FL-33605 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. $\hfill \square$ Addition Delete ☐ Change TITLE TITLE IAVARONE, CARMINE J NAME NAME STREET ADDRESS 1702 5TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change Addition DST TITLE TITLE ☐ Delete LAZZARA, NELSON D NAME STREET ADDRESS STREET ADDRESS 1702 5TH AVE. CITY-ST-ZIP TAMPA FL CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE-☐ Change ☐ Delete TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP -☐ Change Addition ☐ Delete TITLE TITLE 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.

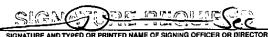
STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 5

STREET ADDRESS

CITY-ST-ZIP



4-15-00

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