2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000084159**

1. Entity Name

NAME STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

TURE AND

VISCAYA DEVELOPING COMPANY

Principal Place of Business

Mailing Address

520 BRICKELL KEY DR SUITE 05-305 MIAMI FL 33131 520 BRICKELL KEY DR SUITE 05-305

MIAMI FL 33131-2660

2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0613081 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STANHAM, NICHOLAS Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DR SUITE 05-305 **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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition AS ☐ Change ☐ Delete TITLE TITLE STANHAM, NICHOLAS NAME NAME 520 BRICKELL KEY DR SUITE 05-305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Change ☐ Addition ☐ Delete TITLE TITLE MALTSEVA, INNA NAME NAME STREET ADDRESS 520 BRICKELL KEY DR SUITE 05-305 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** Change ☐ Addition ☐ Delete TITLE TITLE NAME FREEMAN, STEPHEN A NAME STREET ADDRESS STREET ADDRESS 520 BRICKELL KEY DR SUITE 05-305 CITY-ST-7IP CITY-ST-7IP **MIAMI FL 33131** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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

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 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, will all other like empowered.

Nicholas Stanham

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP **FILED**

May 04, 2000 8:00 am Secretary of State

05-04-2000 90126 007 ***150.00