2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90363 030 ***150.00

DOCUMENT # P94000086177

1. Entity Name

DRAFT HOUSES OF AMERICA, INC.

Principal Place of Business	Mailing Address
5751 SW. 40 STREET MIAMI, FL., 33155	11401 SW. 72 CT. MIAMI, FL., 33156

A0070921

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 5751 SW. 40 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State MIAMI, FLORIDA
Zip / Country	Zip 33155 / Country USA

4. FEI Number 65-0558607 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PLATT, EDITH H.
11401 SW. 72 COURT
MIAMI, FLORIDA, 33156

7. Name and Address of New Registered Agent

Name: PLATT, EDITH H.
Street Address (P.O. Box Number is Not Acceptable): 5751 SW. 40 STREET
City: MIAMI FL Zip Code 33155

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 X *Edith Hill Platt* EDITH H. PLATT PRESIDENT 4/29/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE [illegible] FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. PLATT, EDITH 11401 SW. 72 COURT ~~MIAMI, FL., 33156~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. PLATT, EDITH H. 5751 SW. 40 ST. ~~MIAMI, FL., 33155~~ ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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.

SIGNATURE: X *Edith Hill Platt* EDITH H. PLATT PRESIDENT 4/29/01 (305) 669-9727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #