2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P94000091270** May 09, 2000 8:00 am 1. Entity Name Secretary of State INTERACTIVE PROPERTIES, INC. 05-09-2000 90006 001 ***150.00 Mailing Address Principal Place of Business C/O JOSEPH F LOPEZ. ESQ 250 BIRD ROAD. #302 CORAL GABLES FL 33146 250 BIRD ROAD #302 CORAL GABLES FL 33146-1424 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0549396 Not Applicable \$8.75 Additional Ζiρ Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name^{*} LOPEZ, JOSEPH F ESQ. Street Address (P.O. Box Number is Not Acceptable) 250 BIRD ROAD, SUITE 302 **CORAL GABLES FL 33146** Zip 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 Florida. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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. ☐ Change Addition TITLE ☐ Delete TITLE WIENER, STEVEN NAME NAME STREET ADDRESS STREET ADDRESS 250 BIRD ROAD, SUITE 302 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33146 Addition ☐ Change ☐ Delete TITLE TITLE LOPEZ, JOSEPH F ESQ. NAME NAME STREET ADDRESS STREET ADORESS 250 BIRD ROAD, SUITE 302 CITY-ST-ZiP CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Addition ☐ Change D.Delete -TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

I. 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:

Stere Wun

STEVE WIENER

3/1/2000

(305)

444-4375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #