2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 29, 2002 8:00 am Secretary of State P95000000574 DOCUMENT # 1. Entity Name DOWNTOWN BUILDING, INC. 04-29-2002 90179 047 ***150.00 Principal Place of Business Mailing Address 201 ALHAMBRA CIR 8TH FLOOR 201 ALHAMBRA CIR BTH FLOOR CORAL GABLES FL 33134 B0080502 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0546050 Not Applicable Zip Country Zip 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 KRONGOLD, M RONALD Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIR 8TH FLOOR CORAL GABLES FL 33134 City Zip Code FL 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 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, 2002 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 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition KRONGOLD, M RONALD NAME STREET ADDRESS 201 ALHAMBRA CIR 8TH FLOOR STREET ADDRESS **CORAL GABLES FL 33134** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition KRONGOLD, RONALD M NAME NAME 201 ALHAMBRA CIRCLE, 8TH FLOOR STREET ADDRESS STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition Brown, Steven NAME NAME! STREET ADDRESS 201 ALHAMBRA CIRCLE, 8TH FLOOR STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition MEYERS, MICHAEL C PA NAME 201 ALHAMBRA CIRCLE, 8TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL CITY-ST-ZIP ۷P ☐ Delete TITLE ☐ Change ☐ Addition KRONGOLD, RANDI M NAME NAME 201 ALHAMBRA CIR 8TH FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL CITY-ST-ZIP TITLE □ Delete TITLE Change • ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered