2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 28, 2000 8:00 am Secretary of State DOCUMENT # P95000000682 1. Entity Name PETERS ROBERTSON DEMAHY PARSONS MOWERS PASSARO & 03-28-2000 90056 021 ***150.00 Principal Place of Business Mailing Address 25 SE 2ND AVENUE 25 SE 2ND AVENUE SUITE 600 INGRAHAM BLDG. SUITE 600 INGRAHAM BLDG. 927080 MIAMI_FL 33131-1607 MIAMI EL 33131 2. Principal Place of Business SO6 SE 8th ST 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0564741 FORT LAUDER Not Applicable Country **\$8.75** Additional 5. Certificate of Status Desired 33316 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERTSON, NEIL P Street Address (P.O. Box Number is Not Acceptable) 25 SE 2ND AVENUE SUITE 600 INGRAHAM BLDG. MIAMI FL 33131 8. The above named entity submite this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. UD Change TITLE - Delete PARSONS, JOHN R NAME 670 NE 59TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP [] Change Addition ☐ Delete TITLE TITLE MOWERS, JEFFREY A NAME 261 N.E. 97TH ST. STREET ADDRESS STREET ADDRESS MIAMI SHORES FL 33138 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE WELCHER, ROGER G NAME NAME 835 MALAGA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GALBES FL 33134 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE PASSARO, GERALYN M NAME NAME 4912 UMBRELLA TREE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33134 CITY-ST-ZIP Addition Change TITLE Delete TITLE ROBERTSON, NEIL NAME 991 N.E., 6TH COURT STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIE

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

MIAMI FL 33137

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

GERALYN

SCHATTE AND TYPED OF PRINTED NAME OF SIGNING OFFICE OF PRINTED OF

☐ Delete

PASSARO

3-20-00 (954) 781-8999

Daytime Phone #

☐ Change

CHZEU3

Addition