2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 06, 2001 8:00 am Secretary of State DÖCUMENT # P95000019866 THE RICHARD BRANDON COMPANY 04-06-2001 90037 016 ***150.00 Principal Place of Business Mailing Address 4960 SW 72ND AVENUE 4960 SW 72ND AVENUE STE 400 : **STE 400** MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4, FEI Number 65-0560612 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 MATTAWAY, L. RICHARD Street Address (P.O. Box Number is Not Acceptable) 4960 SW 72ND AVENUE **STE 400 MIAMI FL 33183** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) ☐ Change ☐ Addition TITLE ☐ Delete TITLE MATTAWAY, L. RICHARD NAME NAME 4960 SW 72ND AVE STE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE LURIE. BRANDON .----NAME + NAME ---4960 SW 72ND AVE STE 400 STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL 33155 CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.