2003 FOR PROFIT CORPORATION

· UNIFORM BUSINESS REPORT (UBR) P95000032137 DOCUMENT # 1. Entity Name

STREET

6. Name and Address of Current Registered Agent

Country

SUNCOAST TITLE COMPANY, INC.

Principal Place of Business

CORAL GABLES FL 33134

Suite Apt. #, etc.

33180

C/Ny & State

4000

2. Principal Place of Business 2999 NE 191

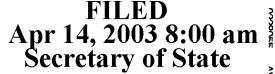
HIENTURA

HELLMAN, MAYNARD J 300 SEVILLA AVE

ENTHOUSE

300 SEVILLA AVE

206



0032137		04-14-2003 90381 014	
Mailing Address 300 SEVILLA AVE 206			
CORAL GABLES FL 33134			
3. Mailing Address BOY	611357		0 4100); (100); (44)); (400) 40))
Suite, Apt. #, etc.		CHECK HERE IF MAKING CH	HANGES
City & State NURTH MIAMI, HA		4. FEI Number 65-0637013	Applied For
			Not Applicable
^{Zip} 33261	Country U.SA		3.75 Additional e Required
gistered Agent		7. Name and Address of New Registered Age	ent
	Name Street Addres	s (P.O. Box Number is Not Acceptable)	

#200	PENTHOUSE 8	
CORAL GABLES FL 33134	City AVENTURA,	FL Zip Code
 The above named entity submits this statement for the purpose of changing its register the obligations of registered agent. 	ed office or registered agent, or both, in th	e State of Florida. I am familiar with, and accept
SIGNATURE SIGNATURE		3/11/03
	ed Agent signature required when reinstating)	. DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		campaign Financing \$5.00 May Be d Contribution.

10. OFFICERS AND DIRECTORS 11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE x Change ☐ Addition ☐ Delete NAME HELLMAN, MAYNARD J NAME 2999 NE 191 ST, PHB STREET ADDRESS STREET ADDRESS 300 SEVILLA AVE #206 AVENTURA, 71A 33160 CITY-ST-ZIP **CORAL GABLES FL 33134** City-ST-ZIP Delete TITLE Change ☐ Addition NAME GREEN, MALINOA NAME 2999 NE 191 ST, PHB AVENTURA, FIA 33180 STREET ADDRESS 1387-TOWHER ST STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP **HOMESTEAD FL 33035** Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME 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

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 10 or Block 11 if changed, or on an attachment with an address with all officer like empowered.

SIGNATURE:

REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-466-8100

١