2001 UNIFORM BUSINESS REPORT (UBR)

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

1 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P95000032178 1. Entity Name CORTEZ COMMONS CORPORATE, INC. 05-03-2001 91157 024 ***150.00 Principal Place of Business Mailing Address 1733 FLETCHER AVE. 1733 FLETCHER AVE. TAMPA FL 33612 **TAMPA FL 33612 600000043** 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 59-3317804 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 WALTERS, CLIFFORD L Street Address (P.O. Box Number is Not Acceptable) 802 11TH STREET WEST **BRADENTON FL 34205** 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) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PDS ☐ Change ☐ Addition TITLE ☐ Delete TITI F BARNES, TERESA NAME NAME PO BOX 12749 N/A STREET ADDRESS STREET ADDRESS ST. PETE FL 33733-2749 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE RICE, SUZANNE L NAME NAME 1733 FLETCHER AVE. STREET ADDRESS STREET ADDRESS **TAMPA FL 33612** CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete FERRUCCI, MARK A NAME NAME 1209 ORANGE STREET STREET ADDRESS STREET ADDRESS **WILMINGTON DE 19801** CITY-ST-7IP CITY-ST-ZIP TITLE □ Detete TITLE Change ☐ Addition LEVIN, RICHARD NAME NAME 1733 WEST FLETCHER AVENUE STREET ADDRESS STREET ADDRESS **TAMPA FL 33612** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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 11 or Block 12 if

Daytime Phone #