FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P95000043801 1. Entity Name GARWOOD SALES, INC. 04-10-2001 90037 041 ***158.75 Principal Place of Business Mailing Address 201 S. BAYSHORE BLVD 201 S. BAYSHORE BLVD SUITE 3400 SUITE 3400 MIAMI FL 33131 MIAMI FL 33131 D0033460 2. Principal Place of Business 3. Mailing Address 201 s. BISCAYNEBIVO 201 S. Biscayne Blud Suite, Apt. #, etc. SU14e 3400 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 3400 City & State City & State 4. FEI Number Applied For 65-0598139 Miami miami Not Applicable ³313(33131 Zib Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ferre! Schultz Carter Zumpano + Fertel, FERRELL, MILTON M JR. Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BLVD. **SUITE 3400 MIAMI FL 33131** City Zip Code 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. OTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change ☐ Addition FERRELL, MILTON M JR. NAME NAME 201S BISCAYNE BLVD STE 3400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP Delete TITI F Change ☐ Addition TITLE NICHOLLS, GREGG NAME NAME STREET ADDRESS 330 N UNIVERSITY DR #604 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change Forshee, William 220 Miracle Mile, Suite 221 NAME NAME STREET ADDRESS STREET ADDRESS Coral Gables, F1 33134 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change pa Castiglione Mayra C. 201 S. Biscayne Blvd., suite 3400 NAME NAME STREET ADDRESS STREET ADDRESS MIAMI, EI 33131 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OF DIRECTOR

4/4/61

305-37/-8585