2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 18, 2000 8:00 am Secretary of State DOCUMENT # P9500064158 DURRELL PALMER GROUP, INC. 01-18-2000 90007 049 ***158.75 Principal Place of Business Mailing Address 2025 S.W. 32ND AVENUE 2025 S.W. 32ND AVENUE MIAMI FL 33145-2211 **MIAMI FL 33145** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0606882 Not - Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SWAIN, DEBORAH D Street Address (P.O. Box Number is Not Acceptable) .2025 S.W. 32ND AVENUE SUITE 110 MIAMI FL 33145 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, 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE PALMER, C. DIANE NAME STREET ADDRESS 600 BIETMORE WAY: #903-STREET ADDRESS arlington, TX 76014 CITY-ST-ZIP CITY-ST-7IP CORAL WAY FL Addition ☐ Delete TITLE TITLE NAME NAME MILIAN, ELENA L. STREET ADDRESS STREET ADDRESS 26557 SW 23 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change Addition VSD ☐ Delete TITLE NAME NAME SWAIN. DEBORAH D STREET ADDRESS STREET ADDRESS 228 S.W. 22 ROAD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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 piper like empowered.