2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

DOCUMENT # P95000073911 Aug 24, 2000 8:00 am Secretary of State 1. Entity Name 295 S. HIBISCUS DRIVE, INC. 08-24-2000 90029 009 ***550.00 Principal Place of Business Mailing Address % JAMERSON, SUTTON & SURLAS % JAMERSON, SUTTON & SURLAS 2655 LE JEUNE ROAD PENTHOUSE II 2655 LE JEUNE ROAD PENTHOUSE II CORAL GABLES FL 33134 CORAL GABLES FL 33134 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 NOT APPLICABLE Not Applicable 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 ROBERT L. JAMERSON, JR., P.A. Street Address (P.O. Box Number is Not Acceptable) 2655 LE JEUNE ROAD PENTHOUSE II CORAL GABLES FL 33134 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition TITLE □ Delete **BRILLEMBOURG, TANYA** NAME NAME STREET ADDRESS STREET ADDRESS 2655 LE JEUNE ROAD, PH-2 CITY-ST-ZIP -CITY-ST-ZIP_ CORAL GABLES FL 33134 ☐ Change ☐ Addition ☐ Delete TITLE TITLE BRILLEMBOURG, DAVID D NAME NAME STREET ADDRESS 2655 LE JEUNE RD., PH-2 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CORAL GABLES FL 33134 Change ☐ Delete TITLE Addition TITLE BRILLEMBOURG, RENE NAME NAME STREET ADDRESS 2655 LE JEUNE RD., PH-2 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP upplied with his filling does not qualify for the exemption stated in Section 1.19.07(3)(f); Florida Statutes: I further certify that the information that report is five and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if address, with all other like empowered. is. I nereby certify that the information supplied with indicated on this report or supple of the corporation or the receiver

Daytime Phone