## 2001 UNIFORM BUSINESS RÉPORT (UBR)

## Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P95000097348 1. Entity Name ALMAZAN LAND DEVELOPMENT, INC. 04-19-2001 90048 040 \*\*\*150.00 Principal Place of Business Mailing Address 357 KELLY DR., STE. C 357 KELLY DR., STE. C W. PALM BEACH FL 33411 W. PALM BEACH FL 33411 LUU48411 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0638097 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JAYNES, DAVID A Street Address (P.O. Box Number is Not Acceptable) 222 PICCADILLY ST., STE. 100 W. PALM BEACH FL 33407 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Flection Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME ALMAZAN-COMPEAN, MARIA STREET ADDRESS STREET ADDRESS 357 KELLY DR., STE. C CITY-ST-ZIP CITY-ST-ZIP W. PALM BEACH FL 33411 Change ☐ Addition ☐ Delete TITLE TITLE ٧S NAME ALMAZAN, JESUS NAME STREET ADDRESS STREET ADDRESS 357 KELLY DR., STE. C CITY-ST-ZIP CITY-ST-ZIP W. PALM BEACH FL 33411 ☐ Addition Change ... Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CL<del>TY</del>-6T-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ 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 other like empowered.

SIGNATURE: JESUS Almazan 4/11/01 561-793-171 2