FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

P960000007965 DOCUMENT # FILED 1. Entity Name 03 AUG -8 AM 8: 28 FIRST BANK OF MIAMI SECRETARY OF STATE TĂLLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 2317 PONCE DE LEON BLVD. SAME Suite, Apt. #. etc. Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 650658480 CORAL GABLES, FLSAME Not Applicable Country Country \$8.75 Additional 5. Cértificate of Status Desired 33134 33134 Fee Required 7. Name and Address of Current Registered Agent WLMC REGISTERED AGENTS, INC DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) SUITE 3100 IN THIS SPACE 80 SW 8th STREET 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 rame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 Amended UBR is \$61.25 \$5.00 May Be 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 OFFICERS AND DIRECTORS 1 OF 2 TO BEAUTIFE SERVICE PROPERTY 11. TITLE JORGE TRIAY - D/P TITLE 600021464906 NAME : NAME 2317 PONCE DE LEON BLVD. STREET ADDRESS STREET ADDRESS CORAL GABLES, FL CITY ST-ZIP CITY-ST-71P JOSE A. MARURI - D mie 🚟 😚 TIBLE NAME NAME 6487 GRANADA BOULEVARD STREET ADDRESS STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-ZIP CITY-ST-ZIP RICHARD E. CAMPBELL - VP TITLE 7718 NW 21st STREET NAME NAME STREET ADDRESS MARGATE, FL 33063 STREET ADDRESS DO NOT WRITE CITY ST ZIP CITY-ST-ZIP TITLE CHARLES WHITCOMB - D/CEO IN THIS SPACE NAME -NAME TO A 2112 BRICKELL AVENUE STREET ADDRESS STREET ADDRESS MIAMI, FL 33129 CITY - ST - ZIP CITY-ST-ZIP TITLE MIGUEL GONZALEZ D/S/T TITLE NAME NAME 83003SW 5th STREET STREET ADDRESS STREET ADDRESS MIAMI, FL 33144 CITY - 51 - 71P CITY-ST-ZIP TITLE RAUL R. GARCIA - D NAME NAME 2317 PONCE DE LEON BLVD. STREET ADDRESS STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-7IP CITY - ST- ZIP 13. I hereby certify that the information supplied with this filling 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 appeared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an arrangement with an artificial statutes. attachment with an address, with all other-

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CR2E034B (12/01)

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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2. Principal Place of Business 3. Mailing Address 2317 PONCE DE LEON BLVD. SAME							
Suite, Apt. #, etc. Suite. Apt. #, etc.				······································	DO NOT WRITE IN THIS SPACE		
City & State CORAL GABLES, FL SAME					4. FEI Number 650658480	Applied For Not Applicable	
Zip 3313	Country	Zip 33134	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
3.41	7. Name and Address of Current Registered Agent Name						
DO NOT WOITE WEMC REC					GISTERED AGENTS, INC.		
IN THIS SPACE					P.O. Box:Number:is:Not.Acceptable) [00		
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id past Sept part			City MIA	MI		FL 33130	
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) DATE							
9. This corpo	ration is eligible to satisfy its Intangible		y 1 Fee is \$15		10 Flortion Compaign Finan	nino de on	
	equirement and elects to do so. ia on back)	Amended	Fee is \$550.00 UBR is \$61.25		10. Election Campaign Finan Trust Fund Contribution.	ST.00 May Be Added to Fees	
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13. I hereby or	ertify that the information supplied with th	is filing does not qualify for the	CITY-ST-ZIP	ed in Ser	tion 119 07(3)(i) Florida Storaga (6)	ther cortifue that the information	
13. Thereby certify that the information supplied with this filling 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 path; that I am an officer or director of the corporation or the receiver or trusted empowers to account this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 11 or on an							
attachment with the address, with all other his entry weeks							
SIGNATURE: 7/9/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DISJURING PROME P							
Rail P. Gonce							