2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 08, 2001 8:00 am Secretary of State DOCUMENT # P96000015635 1. Entity Name GOTHAM LAND DEVELOPMENT, CORP. 🤛 03-08-2001 90092 040 ***158.75 Principal Place of Business Mailing Address 265 SEVILLA AVENUE 265 SEVILLA AVENUE CORAL GABLES FL 33134 **CORAL GABLES FL 33134** 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0648823 Not Applicable Country Zip Country Zin \$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 PEREZ-SIAM, FRANK Street Address (P.O. Box Number is Not Acceptable) 265 SEVILLA AVE. CORAL GABLES FL 33134 City Zip Code FL 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 feme of registered egent and title if applicable. (NOTE: Registered Agent signature required when reunstal FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be 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 Chack Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00) ☐ Change ☐ Addition TITLE . TITLE Delete PEREZ-SIAM, FRANK NAME NAME STREET ADDRESS 265 SEVILLA AVE. STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Deleta ~ ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition -717) G Delete · Time --Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT) F Delete TIDE ☐ Change ☐ Addition NAME NAME" STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Celete ITILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CitY-ST-7IP CITY-ST-71P 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, 1 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

FILED