ZUUU UNIFUNM BUSIMESS REFURI (WBR)

| DOCUMENT # P960000 16966 1. Entity Name LaSalle Venture (Brickell) Inc. | | | | | FILED May 17, 2000 8:00 am Secretary of State 05-17-2000 90948 025 ***150.00 | | | |
|---|---|----------------------------------|--|--|--|--|--|--|
| . 1 | e of Business .059 Collins Avenu liami Beach, Fl 3 | Mailing Address e, Ste.1240 3139 | | | | | 1.00 | |
| Principal Place of Business 3. Mailing Address | | | | | 10080 |) 3 | | |
| Suite, Apt. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | |
| #175 City & State | | City & State | | 4. FE | 4. FEI Number | | | |
| Zip | Country | Zip | Country | 5. Ce | rtificate of Status Desired | \$8.75 Add | litional | |
| | 3130 Dade 6. Name and Address of Current | Registered Agent | | 7. Na | me and Address of New Regist | | | |
| ···· | o. Name and Address of Corrent | registered Agent | Name | | ino dila riadicas ar riali riagion | | | |
| c | Gavriel Mairone c/o Ma pn & Mairone 247 SW 8 th Street#175 | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | liami, F1 3313 <i>8</i> / | • | City | | | FL Zip Code | e | |
| SIGNATURE | named entity submits this suffement to Signature, types or printed name of registered agent to pration is eligible to satisfy its Intangible | and tile if applicable (NO) | Gavrie E Registered Agent signatur | 1 Mairo | t, or both, in the State of Florida. Re ating) 10. Election Campaign Financin | DATE 4/27/00 |) 0 May Be | |
| (See crite | requirement and elects to do so. | Make Check Payal | 100 Fee will be \$5 ble to Department | of State | Trust Fund Contribution. | ☐ Added | I to Fees | |
| 11. | OFFICERS AND | | 12. | ADD | ITIONS/CHANGES TO OFFICER | | | |
| TITLE NAME | R/D | ☐ Delete | TITLE NAME | | | [_] Change | [_] Addition | |
| STREET ADDRESS | Gavriêl Mairone 247 SW 8 ^{†1} Street, | Д175 | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | Miami, Fl 33130 | #1/3 | CITY-ST-ZIP | | | | | |
| TITLE | TILAMIL Y II JOLOV | ☐ Delete | TITLE | | | X Change | ☐ Addition | |
| NAME | T/S/D | | | | LaSalle Street | | } | |
| STREET ADDRESS CITY-ST-ZIP | SS Bornard F Sandlin | | | Ste. 1400 Chicago, IL 60602 | | | | |
| | | | | <u>Unicago</u> | , 1L 0000Z | Change | Addition | |
| TITLE NAME | | L Delete | TITCE NAME | VP | | [_] Criange | L_A AGGILIGIT | |
| STREET ADDRESS | | | STREET ADDRESS | _ | Diaz-Balart | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | ickell Key Dri | ve, #602 | <u>. </u> | |
| TITLE | | Delete | . THELE | Miami, | F1 33131 | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | • | | | |
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| indicated of the cor changed | Certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee simple, or on an attachment with an address, we have the control of the control of the control of the control of the certification. | tale and accurate and that i | mu cianofilia chall n | ave the same le | iai errect as it made linder dain' | that I am an ollicer bears in Block 11 or | Block 12 if | |
| SIGNAT | URE: SIGNATURE AND TYPED OR P | RINTED NAME OF SIGNING OFFICER | Gavriel | Mairone | | 305-372 Daytime Phone # | 2-7400 | |