| Entity Name | | 0022350 | | | | FI ay 24, 2 Secretar 05-24-2002 91 | 'Y 01 | i Sta | ate |
|--|--|---|---|---|---|---|------------|---|---------------------|
| rincipal Place 101 BRICKELL IIAMI FL 3313 | LAVE STE 1400 | Mailing Address 1101 BRICKELL AVE STE MIAMI FL 33131 | 1400 | | | HA HANNA ANNI AANNI AANNI A | | | |
| Principal Pla | ace of Business | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | DO NOT WRITE I | N THIS SPA | ACE | |
| City & State | | City & State | | | 4. FEI Number 65-0849404 Applied For | | | | |
| Zip | Country | Zip | Countr | ry | 5. Certificate of | - | | 3.75 Add | |
| | 6. Name and Address of Current R | l tegistered Agent | I | | 7. Name and A | ddress of New Regi | | • | u |
| | Z, JR, NICOLAS J ESQ KELL AVE STE 1400 | Name Street | | www.com.com.com.com | ress (P.O. Box Number is Not Acceptable) | | | | |
| MIAMI FL C | 33131 | | + | City | | | FL | Zip Code | e |
| | | | | | | | 1 | | |
| GNATURE | named entity submits this statement for Signature, typed or printed name of registered agent an | nd title if applicable. (NOT | E: Registered | Agent signature required w | | in the State of Florida | DATE | | |
| GNATURE | Signature, typed or printed name of registered agent ar ration is eligible to satisfy its intangible equirement and elects to do so. | rd title if applicable. (NOT FILE NOW After May 1, 20 Make Check Payat | E: Registered | Agent signature required wi | hen reinstating) 10. Elect Trust | in the State of Florida on Campaign Financ Fund Contribution. | DATE | Added | 0 May Be to Fees |
| GNATURE | Signature, typed or printed name of registered agent and ration is eligible to satisfy its intangible equirement and elects to do so. a on back) | rd title if applicable. (NOT FILE NOW After May 1, 20 Make Check Payat | E: Registered III FEE I 02 Fee w ble to Dep 12. TITLE NAME STREE | Agent signature required wi S \$150.00 vill be \$550.00 partment of State | hen reinstating) 10. Elect Trust | on Campaign Financ Fund Contribution. | | Added | to Fees |
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