

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P96000043164**1. Entity Name  
DOW-WARNER INTERNATIONAL GROUP, INC.

Principal Place of Business	Mailing Address
2801 PONCE DE LEON BLVD. SUITE 455 CORAL GABLES 331346917 FL	2801 PONCE DE LEON BLVD. SUITE 455 CORAL GABLES 331346917 FL

2. Principal Place of Business	3. Mailing Address
4400 SAN AMARO DRIVE	4400 SAN AMARO DRIVE

Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State
CORAL GABLES FL	CORAL GABLES FL

4. FEI Number	Applied For
65-0667116	Not Applicable

Zip	Country	Zip	Country
331461047	US	331461047	US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**THOMAS BRADFORD A  
6161 BLUE LAGOON DRIVE  
SUITE 350  
MIAMI  
33126  
US

Name
Street Address (P.O. Box Number is Not Acceptable)
City

FL 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 \_\_\_\_\_ DATE **04/27/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Delete
NAME	VACCA MARIE	
STREET ADDRESS	% 2801 PONCE DE LEON BLVD. #455	
CITY-ST-ZIP	CORAL GABLES FL 331346917	

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VACCA MARIE		
STREET ADDRESS	4400 SAN AMARO DRIVE		
CITY-ST-ZIP	CORAL GABLES FL 331461047		

TITLE	D	<input type="checkbox"/> Delete
NAME	BRENNAN JAMES R	
STREET ADDRESS	% 2801 PONCE DE LEON BLVD. #455	
CITY-ST-ZIP	CORAL GABLES FL 331346917	

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRENNAN JAMES R		
STREET ADDRESS	4400 SAN AMARO DRIVE		
CITY-ST-ZIP	CORAL GABLES FL 331461047		

TITLE	D	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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: JAMES R. BRENNAN**

D

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)