2001 UNIFORM BUSINESS REPORT (UBR)

Mar 02, 2001 8:00 am DOCUMENT # **P96000050328** Secretary of State ELLINWOOD INVESTMENT CORP. 03-02-2001 90104 026 ***150.00 Principal Place of Business Mailing Address 2801 PONCE DE LEON BLVD. 2801 PONCE DE LEON BLVD. **SUITE 1170 SUITE 1170** CORAL GABLES FL 33134 CORAL GABLES FL 33134 00028920 2. Principal Place of Business 3. Mailing Address Suite, Ant. # etc. Suite Ant. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0678557 Applied For Not Applicable Zip Country Zip Country \$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 Name FIGUERAS, VIVIAN T Street Address (P.O. Box Number is Not Acceptable) 2801 PONCE DE LEON BLVD. **SUITE 1170 CORAL GABLES FL 33134** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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) \Box Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDIRECTOR RAMON J. FALERO PD TITI F TITLE ☐ Addition CR2E034 (10/00) ☐ Delete FALERO, RAMON J NAME NAME 156 Almeria Ave. Suite 205 3013 ROYAL PALM AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES **COCONUT GROVE FL 3313**3 CITY-ST-ZIP FL 33134 VP/OIRECTOR Addition TITLE ☐ Delete TITLE FAIBRO RAMON A. RAMON A FALERO NAME NAME 156 ALMERIA AVE, SUITE 205 STREET ADDRESS STREET ADDRESS 33134 CITY-ST-ZIP CITY-ST-ZIP - GABLES, FL 33134 ☐ Change THTLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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:

SIGNATURE AND LIFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMONJ. FMERD, 113/01

305 529 2223

FILED

Daytime Phone #