2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DOCUMENT # P96000059432 May 04, 2000 8:00 am Secretary of State 1. Entity Name 203RD STREET INVESTMENT GROUP, INC. 05-04-2000 90144 008 ***150.00 Mailing Address Principal Place of Business 2365 N.W. 182 TERRACE 2365 N.W. 182 TERRACE MIAMI FL 33056-3733 MIAMI FL 33056 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 65-0680074 Not Applicable Country \$8.75 Additional Zip Zìp Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NORMAN, WARRICK Street Address (P.O. Box Number is Not Acceptable) 2365 N.W. 182 TERRACE **MIAMI FL 33056** 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE TITLE ☐ Delete NAME NAME HEMINGWAY, ROBERT JR. STREET ADDRESS STREET ADDRESS 4011 NW 187 TERR CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33056 Addition** ☐ Change Delete TITLE TITLE JUANITA MARSHALL NAME WORSHIP, SEAN NAME 2900 M.W 166 ST STREET ADDRESS STREET ADDRESS 218 LAKE POINT DR. #202 CITY-ST-ZIP CITY-ST-7/P 330 OAKLAND PARK FL 33309 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME ZARLINE, SCOTT NAME STREET ADDRESS STREET ADDRESS 2060 NW 30 AVE CITY-ST-ZIE CITY-ST-ZIP FT. LAUDERDALE FL 33311 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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