FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 18, 2001 8:00 am Secretary of State DOCUMENT # P96000068560 05-18-2001 91558 047 ***150.00 TAYLOR PROPERTIES AND INVESTMENTS, INC. Principal Place of Business Mailing Address 20547 OLD CUTLER RD. #108 20547 OLD CUTLER RD. #108 MIAMI FL 33189 766954 MIAMI FL 33189 2. Principal Place of Business 205470HOuth Rd #217 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number NOT APPLICABLE Applied For Not Applicable 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 JONES, CHARLES L Street Address (P.O. Box Number is Not Acceptable) 9900 SW 168TH ST., STE. 9 **MIAMI FL 33157** Zip Code City 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. OTE: Registered Agent signature required when reinstatung) 9. This corporation is eligible to satisfy its Intangible FILE.NOW!!! FEE IS \$150.00 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) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) ☐ Addition TITLE TITLE ☐ Change ☐ Delete TAYLOR, JOSEPH NAME NAME 20547 OLD CENTER RD #217 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33189 CITY-ST-ZIP PVST Delete TITLE ☐ Change ☐ Addition TITLE TAYLOR, JOSEPH NAME 20547 OLD CENTER RD #217 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33189** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE 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 Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF