2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079674 Jan 24, 2000 8:00 am 1. Entity Name Secretary of State TRG DORAL, INC. 01-24-2000 90265 020 ***158.75 £158.75 Mailing Address Principal Place of Business 2828 CORAL WAY PENTHOUSE SUITE 2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145-3214 MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0713940 Not Applicable Country \$8,75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HERNANDEZ, ANGEL Street Address (P.O. Box Number is Not Acceptable) 2828 CORAL WAY **PENTHOUSE MIAMI FL 33145** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2000 Fee will be \$550.00 ¹Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition **DPTS** TITLE Delete TITLE PEREZ, JORGE M NAME NAME 2828 CORAL WAY PENTHOUSE SUITE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition Delete TITLE ROCHA, ROBERTO NAME STREET ADDRESS 2828 CORAL WAY PH STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF **MIAMI FL 33145** ☐ Change ☐ Addition **VPAS** Delete TITLE HERNANDEZ, ANGEL-NAME STREET ADDRESS STREET ADDRESS 2828 CORAL WAY, PENTHOUSE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition Delete TITLE TITLE CHESNICK, ANDREW NAME NAME 2828 CORAL WAY, PENTHOUSE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE

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

STREET ADDRESS

City-St-ZIP

OF SIGNING OFFICER OF DIFFECTOR