

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 13, 2000 08:00 AM****Secretary of State****DOCUMENT # P96000080657**1. Entity Name  
ALCRIS HOLDINGS, INC.

Principal Place of Business 2130 SUNTRUST INTERNATIONAL CENTER  MIAMI FL 33131	Mailing Address 2130 SUNTRUST INTERNATIONAL CENTER  MIAMI FL 33131
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2. Principal Place of Business 2130 SUNTRUST INTERNATIONAL CENTER	3. Mailing Address 2130 SUNTRUST INTERNATIONAL CENTER
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Suite, Apt. #, etc. ONE SOUTHEAST THIRD AVENUE	Suite, Apt. #, etc. ONE SOUTHEAST THIRD AVENUE
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City & State MIAMI FL	City & State MIAMI FL
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Zip 33131	Country	Zip 33131	Country
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4. FEI Number <b>65-0707860</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**COPROLITE CORPORATION  
SUNTRUST INTERNATIONAL CTR  
STE 2130  
MIAMI FL 33131**7. Name and Address of New Registered Agent**Name  
COPROLITE CORPORATION  
Street Address (P.O. Box Number is Not Acceptable)  
2130 SUNTRUST INTERNATIONAL CTR  
ONE SOUTHEAST THIRD AVENUE  
City  
MIAMI FL Zip Code  
33131

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)

**04/13/2000**

DATE

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DAY CHRISTOPHER ONE SOUTHEAST THIRD AVENUE, SUITE 2130 MIAMI FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAY VIVIENNE ONE SE 3RD AVE STE 2130 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DAY VIVIENNE ONE SE 3RD AVENUE, SUITE 2130 MIAMI FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: CHRISTOPHER DAY

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04/13/2000