2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address,

SIGNATURE:

with all other like empowered.

TURE AND TYPED OR PRINTED THE OF SIGNING OFFICER OR DIRECTOR

FILED Mar 27, 2001 8:00 am Secretary of State **DOCUMENT # P96000082600** E.A.G.REALTY, INC. 03-27-2001 90058 023 ***150.00 Principal Place of Business Mailing Address 300 SW 107TH AVE. #202 300 SW 107TH AVE. #202 MIAMI FL 33174 MIAMI FL 33174 D0029079 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0727054 Not Applicable Zip Country 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 GONZALEZ, ELIO A Street Address (P.O. Box Number is Not Acceptable) 300 SW 107TH AVE. #202 **MIAMI FL 33174** 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 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust 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 ☐ Change ☐ Delete TITLE TITLE GONZALEZ, ELIO A NAME NAME 300 SW 107TH AVE. #202 STREET ADDRESS STREET ADDRESS **MIAMI FL 33174** CITY-ST-ZIP CITY-ST-ZIP DVS ☐ Change ☐ Addition TITLE ☐ Delete TITLE GONZALEZ, MICHELLE NAME NAME STREET ADDRESS 300 SW 107TH AVE. #202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP1 MIAMI FL 33174~ ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

3/21/01 305-229-8/11