2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2003 8:00 am Secretary of State

1. Entity Nan	MENT # P96000087 PROPERTIES, INC.	1 /		04-25-2003 9024	0 039 ***150.00
DO NOT WRITE IN THIS SPACE			11016962		
2. Principal F	Place of Business	3. Mailing Address	·	7	
3503 BAY Suite, Apt.	(SHORE VILLAS DRIVE #, etc.	3503 BAYSHORE Suite, Apt. #, etc.	<u>VILLAS DRIVE</u>	DO NOT WRITE IN TH	IIS SPACE
City & Stat	te	City & State	-	4. FEI Number	Applied For
<u>MIAMI,</u>	FL	MIAMI, FL		65-0704327	Not Applicable
Z ip 33133	Country U.S.A.	· '	Country J.S.A.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
<u> </u>	DO NOT WRITE IN TI		, <u>, , , , , , , , , , , , , , , , , , </u>	7. Name and Address of Current Regist	
		, NO SI AOL	Name HRAWG (Street Addres 2000 G		
			SUITE	400	}
			City		Zip Code 33431
8 The above	named entity submits this statemen	t for the purpose of changing	BÓCA RA	registered agent, or both, in the State of Fl	
and accep	t the obligations of registered agent.		,		
SIGNATURE	Signature, typed or printed name of regist	ered agent and title if applicable.	(NOTE: Registered	Agent signature required when reinstating)	DATE
Jar	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25		(NOTE: Registered A	9. Election Campaign Financing Trust Fund Contribution,	\$5.00 May Be Added to Fees
Jar	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00	State	(NOTE: Registered /	9. Election Campaign Financing	\$5.00 May Be
Jar Make Check	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of OFFICERS AND D	State	(NOTE: Registered A	9. Election Campaign Financing	\$5.00 May Be
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #