2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF

FILED Feb 19, 2001 8:00 am DOCUMENT #P96000098221 **Secretary of State** 1. Entity Name 02-19-2001 90025 004 ***150.00 71 St. Street Properties, Inc. Principal Place of Business Mailing Address 350 NE 71 St. 350 NE 71 St. N0018100 Miami, FL. 33138 Miami, FL. 33138-5530 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FÉI Number Applied For 65-07-10728 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GREENE, MICHAEL STEVEN Street Address (P.O. Box Number is Not Acceptable) 2 South Biscayne Blvd. STE 3400 MIAMI, FL. 33131 City 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DT TITLE • 🔲 Delete TITLE ☐ Addition NAME NAME PABLO VEGA STREET ADDRESS STREET ADDRESS 350 NE 71 St. CITY-ST-ZIP CITY-ST-ZIP <u> Miami, FL. 33138</u> ☐ Delete TITLE ☐ Change ☐ Addition DP NAME NAME RICHARD VEGA. STREET ADDRESS STREET ADDRESS 350 NE 71 St. CITY-ST-ZIP CITY-ST-ZIP <u>Miami, FL.33138</u> Change Addition ☐ Delete TITLE NAME NAME SEBASTIAN VEGA. STREET ADDRESS STREET ADDRESS 350 NE 71 St. CITY-ST-7iP CITY-ST-7IP Miami,FL. 33138 TITLE ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of supplier exits 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 of trusted 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 at-