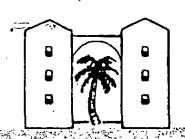
2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P9700004402 Sep 12, 2000 8:00 am 1. Entity Name COSMOS OF YBOR, INC. Secretary of State 09-12-2000 90016 022 ***158.75 Mailing Address Principal Place of Business 5915-B MEMORIAL HIGHWAY 5915-B MEMORIAL HIGHWAY **TAMPA FL 33615** TAMPA FL 33615 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE -G Mcmorial Applied For 4. FEI Number 59-3420703 Not Applicable \$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 Name O'MALLEY, ANDREW M Street Address (P.O. Box Number is Not Acceptable) 100 SOUTH ASHLEY DRIVE, SUITE 1190 **TAMPA FL 33602** registered office or registered agent, or both, in the State of Florida. 8. The above named entity FILE NOW!!!\FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D ☐ Change ☐ Addition TITI F TITLE ☐ Delete LIESS, ROBERT M NAME NAME 6105-6 memorial Hwy. STREET ADDRESS 5915-B MEMORIAL HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33615** ☐ Change ☐ Addition ☐ Delete TITLE TITLE MAESTRELLI, TERESA L. NAME NAME 6105-G Memorial Huly Tampa, F1. 33615 5915-B MEMORIAL HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33615 ■ Addition Change ☐ Delete TITLE 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 CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete 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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

attachment # P9700004402 BU105979



PREMIER INVE

PROPERTIE

INC

5915-B MEMORIAL HIGHWAY • TAMPA, FLORIDA 33615 • (813) 882-9000

September), 2000

Division of Grantions P.O. Box 6327 Tallchassee, Fl. 32314

Dear Sir(s):

During this year we changed our address and did not receive the "2000 Uniterm Business Report" in January but instead received a Second Natice. I spoke with one of your representatives this morning and was instructed one of your representatives this morning and was instructed to send this letter along with the fee of \$150.00 to renew. Thank you for your assistance.

Sincerely,

Richard B. Maestrelli