2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9700006281 Apr 26, 2000 8:00 am Secretary of State 1. Entity Name WARRIOR REALTY GROUP, INC. 04-26-2000 90149 007 ***150.00 Principal Place of Business Mailing Address 701 BRICKELL AVENUE 701 BRICKELL AVENUE **SUITE 3120 SUITE 3120** MIAMI BEACH FL 33131-2847 MIAMI BEACH FL 33131 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0722896 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATE CREATIONS ENTERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 4521 PGA BLVD. SUITE 211 PALM BEACH GARDENS FL 33418 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. 12. ☐ Change ☐ Addition PTD ☐ Delete TITLE TITLE FARKAS, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 701 BRICKELL AVENUE, SUITE 3120 CITY-ST-ZIP CITY-ST-ZIF MIAMI FL 33131 ☐ Addition ☐ Delete TITLE ☐ Change NAME SOLIMEO, VICTOR NAME STREET ADDRESS STREET ADDRESS 701 BRICKELL AVENUE, SUITE 3120 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Change ☐ Addition THILE Delete TITLE NAME SOLIMEO, URSULA STREET ADDRESS STREET ADDRESS 701 BRICKELL AVENUE, SUITE 3120 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR REILDED NAME OF SIGNING OFFICER OR DIRECTOR

Farles

fresident

4/K/2000 305-739-810

Daytime Pho