2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **P97000044257** NATIONAL REAL ESTATE MANAGEMENT, INC. 04-25-2001 90369 021 ***150.00 Principal Place of Business Mailing Address 420 LINCOLN RD 420 LINCOLN RD SUITE 335 SUITE 335 BOLLLU MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address P. O. Box 191768 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0753588 Miami, Florida Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Г 33119-1768 Fee Required Dade 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PLC INVESTMENTS, INC. Street Address (P.O. Box Number is Not Acceptable) **420 LINCOLN RD SUITE 335** MIAMI BEACH FL 33139 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 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 12 CECD TITLE TITLE Delete Addition CEJAS, PABLO L NAME NAME STREET ADDRESS 420 LINCOLN RD, SUITE 432 STREET ADDRESS CITY-ST-7IP MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE Delete TITLE □ Change ■ Addition MONTERO, HILDA C NAME STREET ADDRESS 420 LINCOLN RD, SUITE 432 STREET ADDRESS CITY-ST-7LP MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition President/Director NAME NAME Cejas, Paul L. STREET ADDRESS STREET ADDRESS 420 Lincoln Road, Suite 335 Miami Beach, FL 33139 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition 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 ☐ Delete TITLE TITLE ☐ Change ☐ Addition 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. HILDA C. MONTERO, SECRETARY

OF SIGNING OFFICER OR DIRECTOR

04/19/01

305-531-5220