2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000044313 Mar 04, 2000 8:00 am **Secretary of State** C.A. MANAGEMENT COMPANY 03-04-2000 90029 017 ***150.00 Mailing Address Principal Place of Business 7520 RED RD., STE. G-1 7520 RED RD., STE. G-1 MIAM! FL 33143-5330 MIAMI FL 33143 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0762361 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEUTCH, RICHARD JR Street Address (P.O. Box Number is Not Acceptable) 2665-3-BAYSHORE DR STE-202 COCONUT GROVE FL 33133 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity RICHMED E. DEVICH SIGNATURE (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 12. 11. ☐ Addition TITLE TITLE - Delete NAME NAME BLANK, CATHY STREET ADDRESS 7520 SW 57 AVE 6-1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** ☐ Addition Delete TITLE **₹**Change TITLE NAME WALTON, ATHENA NAME STREET ADDRESS STREET ADDRESS 7520 SW 57 AVE 6-1 CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33143** Addition □ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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

SIGNATURE: