2001 UNIFORM BUSINESS REPORT (UBR) Apr 28, 2001 8:00 am Secretary of State DOCUMENT # **P97000045869** MILLENNIUM TITLE COMPANY 04-28-2001 90043 042 ***150.00 Principal Place of Business Mailing Address 9200 S DADELAND BLVD 9200 S DADELAND BLVD SUITE 603 SUITE 603 MIAMI FL 33156 MIAMI FL 33156 752159 2. Principal Place of Business 3. Mailing Address 536 Biltnove 536 Biltmore Way Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2322898 Coral Gables Gables lavo. Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33134 331**3**4 J.S. 🚓 U.S Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CUEVAS, ANDREW Street Address (P.O. Box Number is Not Acceptable) 9200 S DADELAND BLVD SUITE 603 Biltmore MIAMI FL 33156 Zip Code 33134 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) 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition RUBIN, JONATHAN R NAME 536 Biltmore Way 9200 S DADELAND BLVD SUITE 603 STREET ADDRESS STREET ADDRESS Coval Gables, FL 33134 CITY-ST-ZIP **MIAMI FL 33156** CITY-ST-ZIP DST TITLE ☐ Delete TITLE Addition CUEVAS, ANDREW NAME NAME 536 Biltmore Way STREET ADDRESS 9200 S DADELAND BLVD STE 603 STREET ADDRESS Coval Gables. CITY-ST-ZIP MIAMI FL 33156 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ___ Addition 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

(305) 648-0093