2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700049907 1. Entity Name REAL ESTATE HOLDINGS, INC.				Apr 25, 2000 08:00 AM Secretary of State
Principal Place 110 SE SIXTH 20TH FL FT LAUDERD 33301	ST	Mailing Address 110 SE SIXTH ST 20TH FL FT LAUDERDALE 33301	FL US	
Principal Place of Business Address Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & Stat	е	City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Street	et Address (P.O. Box Number is Not Acceptable)
PLANTAT 33324	TION FI	L	City	Zip Code
The above named entity submits this statement for the purpose of changing its registered office or				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE				
11.	OFFICERS AND	DIRECTORS Delete	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	T Change Addition BOURHIS MARC L 110 SE SIXTH ST FT LAUDERDALE FL 33301
THLE NAME STREET ADDRESS CITY-ST-ZIP	V NEWELL TURPEL 110 SE SIXTH ST FT LAUDERDALE	□ Delete FL 33301	T.TLE NAME STREET ADDRESS CITY-ST-ZIP	V TURPEL NEWELL L 110 SE SIXTH ST FT LAUDERDALE V Change □ Addition FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KATHLEEN HYLE 110SE SIXTH ST FT LAUDERDALE	□ Delete FL 33301	t tle Name Street adoress City-St-Zip	V DWORS ROBERT F 110SE SIXTH ST FT LAUDERDALE V Change □ Addition FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JAMES O COLE 110 SE SIXTH ST	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Change ☐ Addition FERRANDO JONATHAN P 110 SE SIXTH ST
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS W HAWKINS 110 SE SIXTH ST FT LAUDERDALE	FL 33301 ☐ Delete FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Change Addition MAROONE MICHAEL E
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

CIONATURE. IONATUAND EEDDANDO