2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2002 8:00 am Secretary of State DOCUMENT # P97000056099 1. Entity Name 02-01-2002 90051 006 ***150.00 8TH STREET WASHINGTON HOLDINGS, INC. Principal Place of Business Mailing Address **523 MICHIIGAN AVE** 523 MICHIIGAN AVE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0325834 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name._ ROBINS, SCOTT Street Address (P.O. Box Number is Not Acceptable) **523 MICHIGAN AVE** MIAMI BEACH FL 33139 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. \Box 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. TITLE Change ☐ Addition TITLE DP ☐ Delete NAME NAME ROBINS, SCOTT STREET ADDRESS STREET ADDRESS **523 MICHIGAN AVE** CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 isoliver 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 life empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-7IF

<u>ለማ</u>ምክ ክዥ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition