2002 UNIFORM BUSINESS REPORT (UBR)

May 28, 2002 8:00 am § Secretary of State **FILED DOCUMENT #** P97000058097 1. Entity Name HAMILTON DEVELOPMENTS, INC. 05-28-2002 91689 048 ***158.75 Principal Place of Business Mailing Address 841 COLLINS AVENUE 841 COLLINS AVENUE HUMATTAR 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 City & State City & State 4. FEI Number Applied For 65-0848739 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GABRIEL, ERIC HAMILTON Street Address (P.O. Box Number is Not Acceptable) 841 COLLINS AVENUE 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) 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, 2002 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 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME GABRIEL, ERIC HAMILTON NAME 841 COLLINS AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP Delete 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 Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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SIGNATURE: .

13. I hereby certify that the information supplied with this filing

indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information Ty are and that my signature shall have the same legal effect as if made under eath; that I am an officer or director extent this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the empowered.