2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P9700060117** May 01, 2000 8:00 am Secretary of State 1. Entity Name CAMPCO HOLDINGS, INC. 05-01-2000 90429 012 ***150.00 Mailing Address Querbach Principal Place of Business C/O MARC H. AVERBACH C/O MARC H. AVERBACH 201 S. BISCAYNE BLVD. STE 2000 201 S. BISCAYNE BLVD, STE 2000 MIAMI FL 33131-4338 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0787725 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AUERBACH, MARC H ESQ Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BLVD #2000 **MIAMI FL 33131** City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 ☐ Change TITLE ☐ Delete TITLE NAME LARSEN, STUART STREET ADDRESS STREET ADDRESS 6100 SW 76TH STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** ☐ Change ☐ Addition ☐ Delete TITLE TITLE CAMPBELL, D M NAME NAME STREET ADDRESS STREET ADDRESS 6100 SW 76TH STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** ----Change Addition VPST ----Delete TITLE TITLE CAMPBELL, HEIDI L NAME NAME STREET ADDRESS STREET ADDRESS 6100 SW 76TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE

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 problemental 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 exercise repowered 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR HIMTED NAME OF SIGNING OFFICER OR DIRECTOR

Date D

Daytime Phone #