-2000 UNIFORM BUSINESS REPORT (UBR) Aug 03, 2000 8:00 am Secretary of State DOCUMENT # P9700061206 1. Entity Name PRESTIGE HOME DEVELOPERS, INC. 08-03-2000 90092 030 ***550 00 Mailing Address Principal Place of Business 18200 SW 158TH ST. PO BOX 971418 naat A \ 93 **MIAMI FL 33187** MIAMI FL 33197 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State 65-0773088 Not Applicable \$8.75 Additional Country Zip 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 LEVIN, STANTON G Street Address (P.O. Box Number is Not Acceptable) 1570 MADRUGA AVE., SUITE 311 CORAL GABLES FL 33146 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) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change ☐ Addition TITLE Delete TITLE NACHON, CARLOS NAME STREET ADDRESS STREET ADDRESS 6975 SUNRISE TERR CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33133 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NACHON, FABIOLA NAME NAME STRÈET ADDRESS STREET ADDRESS 6975 SUNRISE TERR CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33133 ☐ Change ☐ Addition ☐ Delete TITLE TITLE MELENDEZ, ADELA B NAME NAME STREET ADDRESS STREET ADDRESS 18200 SW 158 ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33187** Defete TITLE ☐ Change ☐ Addition TITLE MELENDEZ, ALFRED NAME NAME 18200 SW 158 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33187 ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Addition Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

CR2E034 (5/00)