2000 UNIFORM BUSINESS REPORT (UBR) FILED May 07, 2000 8:00 am DOCUMENT # **P97000067013** 1. Entity Name Secretary of State KOKORELIS, LAWES & ASSOCIATES, INC. 05-07-2000 90039 008 ***150.00 Mailing Address Principal Place of Business 13615 SOUTH DIXIE HIGHWAY 13615 SOUTH DIXIE HIGHWAY SUITE 530 SUITE 530 -------MIAMI FL 33176-7254 MIAMI FL 33176-7254 2. Principal Place of Business 3. Mailing Address 15380 SW F2nd Ave 15380 SW F2nd Ave Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number City & State 65-0774615 MIGMI Not Applicable Miami Country \$8.75 Additional Country 5. Certificate of Status Desired USA 3315 P USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KOKORELIS, KONSTANTINE-W 13615 SOUTH DIXIE HIGHWAY SUITE 530 MIAMI FL 33176-7254 8. The above named entity submiss this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Konstantine W. Kokorelis SIGNATURE 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. TITLE Delete TITI F LAWES, WAYNE D NAME NAME Please make the address the same as Change the mailing address STREET ADDRESS 13615 SOUTH DIXIE HIGHWAY, SUITE 530 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33176-7254 ☐ Delete TITLE TITLE KOKORELIS, KONSTANTINE W NAME NAME 13615 SOUTH DIXIE HIGHWAY, SUITE 530 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33176-7254 Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 impowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TWEED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

4/24/2000 (305)661-

Change

ate

me Phone # 7404

☐ Addition

☐ Addition