2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2000 8:00 am Secretary of State OCUMENT # **P97000093756** SHILOH PROPERTIES, INC. 05-10-2000 90093 016 ***158.75 Mailing Address incipal Flace of Business 706 S DIXIE HWY, 2ND FL S DIXIE HWY, 2ND FL CORAL GABLES FL 33146-2601 GABLES FL 33146 Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0798645 Not Applicable \$8.75 Additional Zip 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 OLSEN, THOMAS W III Street Address (P.O. Box Number is Not Acceptable) 706 S DIXIE HWY, 2ND FL **CORAL GABLES FL 33146** Zip Code The above named entity subprits his statement for the purpose of qhanging its registered office or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 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. ☐ Addition TITLE ☐ Delete OLSEN, THOMAS W III NAME 706 S DIXIE HWY 2ND FL STREET ADDRESS ADDUCÇÇ CITY-ST-ZIP ST ZIP CORAL GABLES FL 33146 ☐ Change ☐ Addition ☐ Delete TITLE SALSBURG, LLOYD NAME 706 S DIXIE HWY, 2ND FL STREET ADDRESS **CORAL GABLES FL 33146** CITY-ST-ZIP ST-ZIP المراجعة المعاملة المعاملة المعاملة Change TITLE Addition ☐ Delete NAME *0000099 STREET ADDRESS CITY-ST-ZIP ST ZYP ☐ Change Addition ☐ Delete STREET ADDRESS CITY-ST-ZIP ST ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP ST-719 ☐ Change Addition TITLE ☐ Delete

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 expowered.

CITY-ST-ZIP

NAME STREET ADDRESS

BIRTHINGS

ST ZIP

CR2E034 (9/99