2001 UNIFORM BUSINESS REPORT (UBR)

Lus TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 22, 2001 8:00 am Secretary of State DOCUMENT # P97000099433 12880 BUILDING CORP. 03-22-2001 90068 038 ***150.00 Mailing Address Principal Place of Business 12800 N.W. 7TH AVENUE 12800 N.W. 7TH AVENUE NORTH MIAM! FL 33168 NORTH MIAM! FL 33168 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0797940 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARBIN, EVAN R ESQ. Street Address (P.O. Box Number is Not Acceptable) **48 EAST FLAGLER STREET** PENTHOUSE 104 **MIAMI FL 33131** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition Delete TITEE TITLE NAME NAME RUSHING, DERK STREET ADDRESS STREET ADDRESS 12800 N.W. 7TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **NORTH MIAMI FL 33168** ☐ Addition ☐ Change TITI F □ Delete TITLE NAME RUSHING, MIRIAM NAME STREET ADDRESS STREET ADDRESS 12800 N.W. 7TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **NORTH MIAMI FL 33168** Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 empowered.

3/19/01