## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

| DOCU<br>1. Entity Nam   | MENT   | # P970 DRIDA REAL EST                                     | 0010    | 04384   | T (U                   | JBR                    |  |   | Secretary of State 05-02-2003 90212 012 ***150.00                                   |  |  |
|---|--|---|---------|---|------------------------|------------------------|--|---|---|--|--|
| Principal Place of Business<br>701 BRICKELL AVENUE SUITE 3000<br>MIAMI FL 33131 |  |   | 701     | Mailing Address<br>701 BRICKELL AVENUE SUITE 3000<br>MIAMI FL 33131 |                        |                        |  |   |   |  |  |
| 2. Principal Place of Business  |  |   |         | 3. Mailing Address  |                        |                        |  |   |   |  |  |
| 444 Bri   | ckell A  | venue   | 111     | l Brickell  | Aven                   | ue_                    |  |   |   |  |  |
| Suite, Apt. #, etc.   |  |   | ı       | Suite, Apt. #, etc.   |                        |                        |  |   | ☐ CHECK HERE IF MAKING CHANGES  |  |  |
| Suite 900   |  |   |         | Suite 2500  |                        |                        |  |   | The stand for   |  |  |
| City & State  |  |   | _ [ '   | City & State  |                        |                        |  | 4. F  | FEI Number 65-0801783 Applied For Not Applicable                                    |  |  |
| Miami, Florida Zip Country  |  | Country   | M1.a    | Miami, Florida Zip Coun   |                        |                        |  |   | Cortificate of Status Decired   \$8.75 Additional                                   |  |  |
| 33131   |  | USA 331317  |         | $\sim$ 1  |                        |                        |  |   | Certificate of Status Desired Fee Required  |  |  |
| 6. Name and Address of Current  |  |   |         |   |                        | USA                    |  | 7. Name and Address of New Registered Agent |   |  |  |
|   |  |   | /)      |   |                        | Name (                 | Stuari   |   | ······································  |  |  |
| INTRASTATE REGISTERED AGENT CORPOR<br>701 BRICKELL AVENUE SUITE 3000 /          |  |   | ÓRATION | ethon   |                        |                        | Street Address (P.O. Box Number is Not Acceptable) |   |   |  |  |
|   | $\circ$  |   |         |   |                        | . 1 11 4               |  |   |   |  |  |
| MIAMI FL 33131  |  |   |         |   |                        |                        |  | 3ri   | ickell Avenue, Suite 2500   |  |  |
|   |  |   |         |   |                        | City FL Zip Code 33131 |  |   |   |  |  |
| SIGNATURE .<br>F<br>After   | ILE NOV!!<br>r May 1, 200                              | FEE IS \$150.00 3 Fee will be \$550.00 Florida Department | )       | plicable. (NOTE   | - Registered           | d Agent signat         | ure required v                                     | when rei                                    | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees |  |  |
| 10.   |  | OFFICERS AND  | DIRECTO | (   | 11.                    |                        |  | I   | DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                    |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | DP<br>DE OLAZ/<br>701 BRICI<br>MIAMI FL                | Arra, allen<br>Kell avenue, suite                         |         | ☐ Delete  | TITLE<br>NAME<br>STREE |                        | 444 I  | laza<br>Brio                                | Zarra, Allen C. Lickell Avenue, Suite 900 Florida 33131                             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | AME PRIO TOUZET, RODOLFO 701 BRICKELL AVENUE, SUITE 30 |   |         | ☐ Delete  | STREET ADDRESS 444     |                        |  | To:<br>Bric                                 | © Change ☐ Addition Duzet, Rodolfo ickell Avenue, Suite 900 Florida 33131           |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   | .,      | □ Delete  |                        |                        | ,  | <b></b>                                     | ☐ Change ☐ Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  |  |   |         | ☐ Delete  |                        |                        |  |   | ☐ Change ☐ Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  |  |   |         | ☐ Delete  |                        |                        |  | _   | ☐ Change ☐ Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS   |  |   |         | ☐ Delete  | TITLE<br>NAME<br>STREE |                        |  |   | ☐ Change ☐ Addition   |  |  |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Commercial Formal Real Estate Services, Inc.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALLED C. de Olazarra. President

Date

Daytime Phone #