FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

- AMENDED

FILED

June 26, 2002 305-531-2299

02 JUL - 1 AM 9:38 DOCUMENT # P98000003139 1. Entity Name SECRETARY OF STATE NEWSTAR REALTY & DEVELOPMENT, INC. TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE Mailing Address
POBOX 398 2. Princing Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65-0804933 Applied For City & State Miami Beach, City & State
Miami Beach, FL 33139 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name Couis Stinson, Jr., DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)
4675 Ponce de Leon Boulevard IN THIS SPACE Suite 305 Coral Gables 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. Louis Stinson, June SIGNATURE ted name of registared agent and title if applicable. (NOTE: Registered Agent signature required when reinstating January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, Fee is \$550.00 Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. CR2E034B (12/01 TITLE TITLE 800006231188---07/05/02--01076--017 NAME NAME 1610 Lenox Auli #20). STREET ADDRESS STREET ADDRESS *****61.25 *****61.25 331<u>33139</u> CITY-ST-ZIP CITY-ST-ZIP Miami-Beach, TITLE TITLE NAME NAME Robert James WolfArth, II STREET ADDRESS STREET ADDRESS 1605 Bay Road, Suite 502 CITY-ST-ZIP CITY-ST-ZIF Miami Beach, FL TITLE ... TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE THILE NAME NAME. STREET ADDRESS STREET ADDRESS CITY, ST. 7IP CITY ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.