## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000004307 Mar 13, 2000 8:00 am Secretary of State 133 ARAGON CORP. 03-13-2000 90034 040 \*\*\*150.00 Principal Place of Business Mailing Address 133 ARAGON AVENUE 133 ARAGON AVENUE CORAL GABLES FL 33134-5424 CORAL GABLES FL 33134 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0806441 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROTHLEIN, JAY ESQ. Street Address (P.O. Box Number is Not Acceptable) 930 WASHINGTON AVENUE SUITE 209 MIAMI BEACH FL 33139 Zip Code 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 Signatur a, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible (0. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 12. 11. ■ Addition TITLE ☐ Delete TITLE NAME FALCON, ERROL NAME STREET ADDRESS 133 ARAGON AVENUE STREET ADDRESS CITY-ST-ZIP COFIAL GABLES FL 33134 CITY-ST-ZIP ☐ Addition Change TITLE Delete NAME ROTHLEIN, ALANA NAME STREET ADDRESS STREET ADDRESS 133 ARAGON AVENUE CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 . Change. Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNING OFFICER OF DIRECTOR

03-08-00 305-442-1318

Date Daytone Phone #