## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P98000010114 BANNER ELK PROPERTIES, INC. 01-30-2001 90160 043 \*\*\*150.00 Principal Place of Business Mailing Address 2491 NW 7 ST 9700 SW 73 CT. MIAM) FL 33156 MIAMI FL 33125 2. Principal Place of Business 3. Mailing Address 2491 NW Suite, Apt. #, etc. Suite, Apt, #, etc DO NOT WRITE IN THIS SPACE Applied For... City & State 4. FEI Number 65-0810224 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired 33/2<u>J</u> 1Ade Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SIGLER, ANA L Street Address (P.O. Box Number is Not Acceptable) 9769 S. DIXIE HWY. SUITE 201 91 NW 75% MIAMI FL 33156 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 (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. TITI E Delete TITLE Gloria M. Predno SIGLER, ANA NAME NAME 2491 NW7 5+17 STREET ADDRESS 9769 S. DIXIE HWY., SUITE 201 STREET ADDRESS MIAMI T-L CITY-ST-ZIP 39/24 CITY-ST-ZIP **MIAMI FL 33156** ☐ Delete TITLE ☐ Change Addition TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ 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 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS

t 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 SIGNATURE: SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

CITY-ST-ZIP