2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 18, 2000 8:00 am Secretary of State DOCUMENT # P98000017208 1. Entity Name BAND PROPERTY ONE. INC. 04-18-2000 90220 034 ***150.00 Mailing Address Principal Place of Business 780 TAMIAMI CANAL DRIVE 780 TAMIAMI CANAL DRIVE MIAMI FL 33144-2553 MIAMI FL 33144 340101 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0846762 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAVIS, DANIEL Street Address (P.O. Box Number is Not Acceptable) 1313 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES FL 33134 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2000 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. **Change** D ☐ Delete TITLE O ■ Addition TITLE DAVIS, ALAN J NAME DAVIS, AL NAME FAIR LA 2581 1 WESTON STREET ADDRESS STREET ADDRESS 780 TAMIAMI CANAL DRIVE CITY-ST-ZIP ろろろひ CITY-ST-ZIP MIAMI FL 33144 Change ■ Addition ☐ Delete TITLE TITLE BARBARA DAVIS DAVIS, BARBARA H NAME NAME **ሲ**581 STREET ADDRESS STREET ADDRESS 780 TAMIAMI CANAL DRIVE CITY-ST-ZIP WESTON CITY-ST-ZIP MIAMI FL: 33144 - Change Addition ☐ Delete TITLE TITLE DAVIS, NANCY P NAME NAME STREET ADDRESS 1313 PONCE DE LEON BLVD, SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Change ☐ Addition ☐ Delete TITLE TITLE DAVIS, DANIEL NAME NAME STREET ADDRESS STREET ADDRESS 1313 PONCE DE LEON BLVD, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 TITLE Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTO

3-5-00

305-266-2566

Daytime Phor