2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000027845 Jan 18, 2000 8:00 am 1. Entity Name **Secretary of State** MATECUMBE DAVIE BLVD. PARTNERS, INC. 01-18-2000 90124 045 ***150.00 Principal Place of Business Mailing Address 150 SE 12TH STREET 150 SE 12TH STREET STE 300 STE 300 FT LAUDERDALE FL 33316-1849 FT LAUDERDALE FL 33316-1844 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0825103 Not Applicable Country \$8.75 Additional Zip Zip 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 WATSON, WELCOM H ESQ Street Address (P.O. Box Number is Not Acceptable) 801 N RIO VISTA BLVD FT LAUDERDALE FL 33301 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 (NOTE: Registered Agent signature required when reinstating) DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 ☐ Delete TITLE TITLE homas A. Lihan LIHAN, THOMAS A NAMÉ NAME 50 JE 12 ST #300 Et. Laudérdale, FL 33316 STREET ADDRESS STREET ADDRESS 1512 E BROWARD BLVD, STE 300 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ Delete TITLE TITLE SANTOLLA, STEVEN A NAME NAME 1512 E BROWARD BLVD, STE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 . Addition. - - Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 20 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGN