2000 UNIFORM BUSINESS REPORT (UBR) FILED May 11, 2000 8:00 am Secretary of State DOCUMENT # P98000036040 1. Entity Name AVALON PARK REALTY, INC. 05-11-2000 90312 040 ***150.00 Mailing Address Principal Place of Business ONE FINANCIAL PLAZA ONE FINANCIAL PLAZA **SUITE 2110 SUITE 2110** FT LAUDERDALE FL 33394-0063 FT LAUDERDALE FL 33394 2. Principal Place of Business 13001 Founders Square Dr 3. Mailing Address 13001 Founders Square Dr. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0893441 Not Applicable Country USA \$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 KAHLI. BEAT M Street Address (P.O. Box Number is Not Acceptable) ONE FINANCIAL PLAZA rounders square **SUITE 2110** FT LAUDERDALE FL 33394 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. DATE Signature, typed or printed name of registered agent and title if applicable. (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. K. Change ☐ Addition ☐ Delete TITLE KAHLI, BEAT M NAME NAME 13001 Founders Square Drive Oclando, FL 32828 ONE FINANCIAL PLAZA SUITE 2110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33394 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete 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 of 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-ZIE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY - ST- ZIP

STREET ADDRESS

STREET ADDRESS

CITY-\$1-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

Beat M. Kahli

☐ Delete

☐ Delete

4/10/00

407-658-6565

[7] Change

☐ Change

☐ Addition

Addition

Daytime Phone #