DOCUI	MENT# P9800 OF MIAMI, INC.	FILED Jan 24, 2001 08:00 AM Secretary of State									
Principal Plac	re of Business	Mailing Address									
MIAMI FL 33176		MIAMI 33176		FL							
2. Principal Place of Business 3. Mailing Address 3131 SE ST LUCIE BLVD. 3131 SE ST LUCIE BLVD.											
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State	e FL	City & State				4. FEI Number Applied For X Not Applicable					
Zip 34997	Country us	Zip 34997	Coun us	itry		5. Certificate of St	atus Desired		\$8.75 Add	ditional	
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Curren	t Registered Agent	-	Name		7. Name and Add	ress of New R	egistered	Agent		
SMALL RAMSEY 4115 PARK AVE				SMALL Street A							
MIAMI FL 33176 US				City	<del></del>		<u> </u>	FI	Zip Cod	e	
3. The above	RAMSEY B SMALL Signature, typed or printed name of registered ager				_	d agent, or both, in	the State of Flo		4/2001		
Tax filing r	oration is eligible to satisfy its Intangib requirement and elects to do so. ria on back)	le FILE NOW!	III FEE	IS \$150.I	00 550.00	10. Election	Campaign Fin	ancing		0 May Be to Fees	
11.	OFFICERS ANI	36.7	12.			ADDITIONS/CHA	NGES TO OFF	ICERS AN	D DIRECTORS	S IN 11	
TITLE NAME	STD SMALL CHRISTOPHER	☐ Delete	TITLI		STD SMALI				X Change	Addition	
STREET ADDRESS CITY-ST-ZIP	4115 PARK AVE MIAMI	FL 33176	STRE	ET ADDRESS - ST-ZIP		E ST LUCIE BLVD.	THER R	FL	<b>3499</b> 7		
TTLE NAME	VD SMALL BARRETT	☐ Delete	TITU NAM		VD SMALI	BARRETT	R			Addition	
STREET ADDRESS CITY-ST-ZIP	4115 PARK AVE MIAMI	FL 33176		ET ADDRESS - ST-ZIP	3131 SI STUAR	E ST LUCIE BLVD.		FL	34997		
TTLE VAME	PD SMALL RAMSEY	☐ Delete	TITU NAM		PD SMALI	RAMSEY	В	=_	X Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	4115 PARK AVE MIAMI	FL 33176		ET ADDRESS -ST-ZIP	3131 SI STUAR	E ST LUCIE BLVD.		FL	<b>3499</b> 7		
TTLE IAME		☐ Delete	TITLI NAM				<del></del>		☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP							
ITLE IAME STREET ADDRESS		☐ Delete		E ET ADDRESS	-				Change	☐ Addition	
TITLE		☐ Delete	TITLI				····		☐ Change	Addition	
IAME STREET ADDRESS CITY-ST-ZIP				e Et adoress -st-zip							
of the cor	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address,	is true and accurate and that r powered to execute this report	ny signa as requi	fiire chail h	ava tha es	i se tsatta lenal ame	i mada undar d	antha tinnt l	am an officer	or director	

PD

01/24/2001 Date

Daytime Phone #

SIGNATURE: RAMSEY B SMALL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR