2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address 17901 N.W. 5TH STREET

PEMBROKE PINES FL 33029-2810

SUITE 204

DOCUMENT # P98000048493

Principal Place of Business

17901 N.W. 5TH STREET

PEMBROKE PINES FL 33029

SUITE 204

PINES PROFESSIONAL CAMPUS AT SILVER LAKES CONDOM

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0855341 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CASTILLO, SIXTA Street Address (P.O. Box Number is Not Acceptable) 17901 N.W. 5TH STREET SUITE 204 PEMBROKE PINES FL 33029 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 \Box (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 PD TIT) F ☐ Change ☐ Addition TITLE ☐ Delete CASTILLO, SIXTA NAME NAME STREET ADDRESS STREET ADDRESS 6600 COWPEN RD, SUITE 300 CITY-ST-ZIP CITY-ST-ZIE MIAMI LAKES FL 33014 ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ___ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition

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 suppliemental people 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 repelver 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 I hereby certify that the info changed, or on an attachr with ain a with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-7IE

CITY-ST-ZIP

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

FILED

Apr 25, 2000 8:00 am Secretary of State

04-25-2000 90130 019 ***150.00

☐ Addition

☐ Change