2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED DOCUMENT # P98000055774 Mar 07, 2000 8:00 am **Secretary of State** COOPER GAY DELTA, INC. 03-07-2000 90072 031 ***150.00 Principal Place of Business Mailing Address 120 WALL ST. 8300 NW 53RD ST. SUIE 101 5TH FLOOR PARTORNA NEW YORK NY 10005-3902 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0851908 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 GONZALEZ, RICARDO A PA (P.O. Box/Number is No 7270 NW 12TH ST. SUIE PH-9 (O) MIAMI FL 33126 naimi 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 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. Change ☐ Addition דמ De ete TITLE ESSER. TOBY C NAME STREET ADDRESS INTERNATIONAL HOUSE STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP LONDON EC3A- 53M ☐ Addition Change Delete TITLE NAME JONES, MICHEAL R NAME STREET ADDRESS INTERNATIONAL HOUSE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF LONDON EC3A- 53M ☐ Change ☐ Addition ☐ Delete TITLE TITLE GORMAN, PETER NAME NAME STREET ADDRESS INTERNATIONAL HOUSE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONDON EC3A-53M ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE 3:3136 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME 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.