2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000057057 May 04, 2000 8:00 am Secretary of State 1. Entity Name 5979 Miller Drive, Inc. 05-04-2000 90069 034 \*\*\*150.00 Principal Place of Business Mailing Address 80 S.W. 8th Street 80 S.W. 8th: Street Suite 2801 Suite 2801 Miami, FL 33130 Miami, FL 33130 950288 2. Principal Place of Business 3. Mailing Address 9400 South Dadeland Blvd. 400 South Dadeland Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE uite 508 Suite 508 City & State 4. FEI Number Applied For City & State Not Applicable iami, FL\_ 33156 65-0852781 33156 Miami \$8.75 Additional <sup>∠p</sup>33156 Country USA Zip 33156 USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Raidl, Christina, M. Stinson, Jr., Louis 80 SW. 8th Street, Suite 2801 Street Address (P.O. Box Number is Not Acceptable). 4675 Ponce de Leon Boul Miami, FL 33130 Suite 305 Coral Gables 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, 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DP☐ Change Delete Vedros, Jamsel, J. Matsukura, Nobuyuki NAME 9400 South Dadeland Boulevard, Suite 508 80 S.W. 8th Street #2801 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami, FL CITY-ST-ZIP Miami, FL 33156 D/VP/S Delete Change TITLE TITLE Stinson, Jr., Louis Berlandt, Joel, M. NAME NAME 4675 Ponce de Leon Blvd. Suite 305 STREET ADDRESS STREET ADDRESS 80 S.W. 8th Street. #2801 CITY-ST-7IP CITY-ST-ZIP <u>Miami,</u> FL Coral Gables. FL 33146 X Delete TITLE Change Addition TITLE AS NAME Vliet, Richard, F. NAME STREET ADDRESS STREET ADDRESS 80 S.W. 8th Street, #2801 CITY-ST-7IP CITY-ST-ZIP Miami FL ☐ Change Addition Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70 Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO