2002 UNIFORM BUSINESS REPORT (UBR)

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Mar 03, 2002 8:00 am § Secretary of State DOCUMENT # P98000066800 1. Entity Name EL RANCHO ASSOCIATES, INC. 03-03-2002 90076 043 ***150.00 Principal Place of Business Mailing Address 2323 BRYAN ST 2323 BRYAN ST STE 2200 STE 2200 DALLAS TX 75201 DALLAS TX 75201 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 65-0857377 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAKER, RONALD G Street Address (P.O. Box Number is Not Acceptable) 4675 PONCE DE LEON BLVD., STE. 301 **CORAL GABLES FL 33146** 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, 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS CR2E034 (9/01) ☐ Addition TITI F ☐ Change TITLE ☐ Delete NAME WALLACH, RICHARD E NAME 2323 BRYAN ST STE 2200 STREET ADDRESS STREET ADDRESS DALLAS TX 75201 CITY-ST-ZIP CITY-ST-7IP ☐ Addition DTV ☐ Delete TITLE Change TITLE CHEHAB, FARID NAME NAME STREET ADDRESS #10 CANDINA ST APT 14B STREET ADDRESS SAN JAUN PR 00907 CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition TITLE DV ☐ Delete TITLE NAME ROSADO, ANGEL NAME STREET ADDRESS #19 SUB BASE STREET ADDRESS CITY-ST-ZIP ST THOMAS VI 00802 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 trustgee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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