2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

FILED May 30, 2000 8:00 am Secretary of State DOCUMENT # P98000073389 SO-BE RESERVATION CENTER, INC. 05-30-2000 90079 015 ***150.00 Mailing Address Principal Place of Business 3101 INDIAN CREEK DRIVE.. SUITE 300 3101 INDIAN CREEK DRIVE.. SUITE 300 MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0859578 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIQUEZ, ILIA Street Address (P.O. Box Number is Not Acceptable) 3101 INDIAN CREEK DRIVE., SUITE 300 MIAMI BEACH FL 33140 Zip Code City FL 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) 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 filling requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITS F · Delete TITLE MESA, GIRALDO NAME NAME STREET ADDRESS 3101 INDIAN CREEK DRIVE, SUITE 300 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 CITY-ST-ZIP ☐ Addition Change **PVST** ☐ Delete TITLE TITLE MESA, GIRALDO NAME NAME 3101 INDIAN CREEK DRIVE, SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLĒ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete 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-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.

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #