200 UNIFORM BUSINESS REPORT (UBR) 2 Feb 19, 2001 8:00 am DOCUMENT # P 98-0 000 86285 1. Enlity Name **Secretary of State** 02-19-2001 90265 049 \*\*\*158.75 THIRD FLORIDIAN DEVELOPER, INC. Principal Place of Business Mailing Address 5802 TYLER STREET 5802 TYLER STREET HOLLYWOOD, FLORIDA HOLLYWOOD, FLORIDA 33021 33021 USA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 650874211 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CASTILLO, PAT Street Address (P.O. Box Number is Not Acceptable) 5804 TYLER STREET HOLLYWOOD, FL 33021 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 (NOTE: Registered Agent signature required when feinstalting) FILE NOW!!! FEE 18 \$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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/99) Bergerich 1988 TAIEB, SERGE NAMI NAME STREET ADDRESS 925 ARTHUR GODFREY RD, #103 STREET ADDRESS CITY-ST-ZIP MIAMI, BEACH, FL 33140 CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change PAGGIN, GIORGIO NAME NAME STREET ADDRESS STREET ADDRESS 5802 TYLER STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD, FL 33021 TITLE ☐ Change X Addition Delete TITLE CASTILLO, PAT NAME NAME STREET ADDRESS STREET ADDRESS 5804 TYLER STREET CHY-ST-ZIP CITY-ST-ZIP HOLLYWOOD, FL 33021 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change Addition TITLE STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/ PAT CASTILLO

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