2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 08:00 AM P98000092817 DOCUMENT # 1. Entity Name **Secretary of State** URBAN REAL ESTATE TRENDS, INC. Principal Place of Business Mailing Address 3213 EAGLE BLVD 3213 EAGLE BLVD ORLANDO FLORLANDO FL 32804 32804 2. Principal Place of Business 3. Mailing Address 61 DIVISION AVE. PO BOX 398281 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ORMOND BEACH FL MIAMI BEACH 59-3529683 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JENNINGS BROOKS 3213-B EAGLE BLVD Street Address (P.O. Box Number is Not Acceptable) 61 DIVISION AVE. ORLANDO FL32804 City Zip Code ORMOND BEACH 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. JASON BROOKS 04/30/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VΡ TITLE X Delete CR2E034 (11/00) TITLE ☐ Addition BROOKS MAME JASON NAME 320 LOS ALTOS WAY #101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPGS FL 32714 CITY-ST-ZIP ☐ Delete TITLE X Change NAME JENNINGS DEAN K NAME **BROOKS** JASON STREET ADDRESS 3213-B EAGLE BLVD STREET ADDRESS 61 A DIVISION AVE. CITY-ST-ZIP ORLANDO FL. 32804 CITY-ST-ZIP ORMOND BEACH FL32174 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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.

04/30/2001

Date

Daytime Phone #

Jason Brooks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _