| 2001 UNIFORM BUSINESS REPORT (UBR)  |  |  |   |                            |                           |  | FILE                                    | D          |                               |                    |          |             |
|---|--|--|---|----------------------------|---------------------------|--|---|------------|-------------------------------|--------------------|----------|-------------|
| DOCUMENT # P9800093466  1. Entity Name THE RIDGES INVESTMENT GROUP, INC.        |  |  |   |                            |                           | Apr 30, 2001 08:00 AM<br>Secretary of State      |   |            |                               |                    |          |             |
|   |  |  |   |                            |                           |  |   |            |                               |                    |          |             |
| Principal Place of Busines  | Mailing Address 4428 MAGNOLIA RIDGE DRIVE  |  |   |                            |                           |  |   | -          |                               |                    |          |             |
| WESTON<br>33331   | FL   | WESTON<br>33331  |   | FL                         |                           |  |   |            |                               |                    |          |             |
| 2. Principal Place of Busin   | 3. Mailing Address<br>10691 NORTH KENDALL DRIVE  |  |   |                            |                           |  |   |            | •                             |                    |          |             |
| Suite, Apt. #, etc.<br>#201   | Suite, Apt. #, etc.<br>#021  |  |   |                            |                           | DO NOT WE  | IITE IN THIS                            | S SPACE    |                               | _                  |          |             |
| City & State  | FL   | City & State<br>MIAMI  |   | FL                         |                           | 4. FEI Numbe                                     |   |            |                               | Applied<br>Not App |          |             |
| Zip<br>33176  | Country  | Zip<br>33176   | Coun                                    | try                        |                           | 5. Certificate                                   | of Status Desired                       |            | \$8.75<br>Fee Req             | Additiona<br>uired | ı        |             |
| 6. Name   | and Address of Current R   | egistered Agent  |   |                            |                           | 7. Name and                                      | Address of New                          | Registered |                               |                    |          | 1           |
| ARVESU MANUEL MESQ. 2121 PONCE DE LEON BLVD. SUITE 920 CORAL GABLES FL          |  |  |   |                            | ddress (P.C               | BRUCE A  D. Box Number  NDALL DRIVI              | er is Not Acceptab                      | le)        |                               |                    |          |             |
| 33134   | ,  |  | SUITE 20                                | 01                         | <del> </del>              |  |   |            | <u> </u>                      | <del></del>        |          |             |
| ····  |  |  |   | MIAMI                      |                           |  |   | F          | L 210 (                       | Code<br>7 <u>6</u> |          |             |
| 8. The above named entit  | ty submits_this statement for  | the purpose of changing its r  | egister                                 | ed office or               | registered                | i agent, or bot                                  | h, in the State of F                    | lorida.    |                               |                    |          |             |
|   | CE ANDREW PES  |  | Registere                               | d Agent signatu            | ire required wh           | nen reinstation                                  | <u>.</u>                                | - 04/3     | <u>0/2001</u>                 |                    |          |             |
| 9. This corporation is elig<br>Tax filing requirement<br>(See criteria on back) | gible to satisfy its Intangible and elects to do so.   | FILE NOW!!  After MAY 1, 200  Make Check Payable   | FEE<br>1 Fee                            | IS \$150.0<br>will be \$5  | 00                        | 10. Ele  | ection Campaign F<br>st Fund Contributi | inancing   | \$                            | 5.00 Ma            | y Be     |             |
| 11.   | OFFICERS AND D   | IRECTORS   | 12.                                     |                            |                           | ADDITIONS/                                       | CHANGES TO OF                           | FICERS AN  | ND DIRECT                     | ORS IN 1           | <u> </u> | -           |
|   | JESUS A<br>GNOLIA RIDGE DRIVE  | ☐ Delete   | TITLI<br>NAM<br>STRE                    |                            | VSD<br>LEINDO<br>10691 No |  | JS A<br>ALL DRIVE, #201                 |            | X Char                        | nge 🗆 i            | Addition | 034 (11/00) |
| TITLE PD  |  | FL 33331   | 1-                                      | - ST-ZIP                   | MIAMI                     |  |   | FL         | 33176                         |                    |          | 2E0         |
| NAME PESTANO STREET ADDRESS 4428 MAG  | PD Delete  PESTANO BRUCE T  4428 MAGNOLIA RIDGE DRIVE  WESTON FL 33331   |  | : TITLE NAME STREET ADDRESS CITY-ST-ZIP |                            |                           | ESTANO BRUCE T<br>0691 NORTH KENDALL DRIVE, #201 |   |            | M Change ☐ Addition  FL 33176 |                    |          | CR2E        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | □ Delete   |   |                            |                           |  |   | <u></u>    | ☐ Char                        | nge 🔲 i            | Addition |             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete   |   |                            |                           |  |   |            | ☐ Char                        | ige 🗌 i            | Addition |             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete   |   |                            |                           |  |   |            | ☐ Char                        | age 🔲 i            | Addition | •           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete   | CITY                                    | E<br>Et adoress<br>-St-Zip |                           |  |   |            | ☐ Char                        | . –                | Addition |             |
| of the corporation or t<br>changed, or on an att                                | nt or supplemental report is the receiver or trustee empoy achment with an address, with an address, with an address and the supplemental report is the receiver of the receiver the receiver the report is the receiver the recei | his filing does not qualify for true and accurate and that my vered to execute this report a that not be all other like empowered. | , einna                                 | i iro enali ni             | aua tha car               | ma laggi offog                                   | too it made ande                        |            | 1 ~~~ ~~ ~~                   | ioos os dis        |          |             |
| SIGNATURE: _  | Bruce A. Pestano SIGNATURE AND TYPED OR PRI  | NTED NAME OF SIGNING OFFICER O   | R DIRECT                                | TOR                        |                           | PD   | 04/30/2001<br>Date                      |            | Daytime Phor                  |                    |          |             |

Date

Daytime Phone #