2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 26, 2000 8:00 am Secretary of State DOCUMENT # **P98000098350** 1. Entity Name FAIRNINGTON GROUP INC. 02-26-2000 90044 004 ***150.00 Principal Place of Business Mailing Address 9404 S DIXIE HWY 9404 S DIXIE HWY O A TO TE 6 MIAMI FL 33156-2934 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0876677 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALEXANDER, BRUCE Street Address (P.O. Box Number is Not Acceptable) 9200 S DADELAND BLVD STE 515 MIAMI FL 33156 Zip Code 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) DATE 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete FAIRNINGTON, WILLIAM J NAME NAME STREET ADDRESS STREET ADDRESS 9404 S DIXIE HWY CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 ☐ Addition ☐ Delete Change TITI F-FAIRNINGTON, WILLIAM J III NAME STREET ADDRESS 9404 S DIXIE HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 ____ ☐ Addition Change TITLE ☐ Delete TITLE FAIRNINGTON, CLAIRE P NAME NAME 10454 SW 118TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** ☐ Change Addition ☐ 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 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

or qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information e and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does no indicated on this report or supplemental report is true and accurate er or to stee empowered to exec of the corporation or the read mpowered. WILLIAM JCHN FAIRNINGTON

CR2E034 (9/99)