FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am Secretary of State DOCUMENT # **P98000100725** 1. Entity Name 05-16-2001 90196 016 ***150.00 SIXTH/FOURTH DEVELOPMENT CORP. Principal Place of Business Mailing Address 365 FIFTH AVENUE SOUTH., STE 201 365 FIFTH AVENUE SOUTH., STE 201 NAPLES FL 34102 NAPLES FL 34102 3. Mailing Address c/o David Nassif Co. 2. Principal Place of Business 195 Worcester Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 301 City & State City & State Applied For 4. FEI Number 59-3578147 Not Applicable Wellesely Hills, MA Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 02481 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANTARAMIAN, JACK J Street Address (P.O. Box Number is Not Acceptable) 365 FIFTH AVENUE SOUTH., STE 201 NAPLES FL 34102 City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE ☐ Change NAME NAME ANTARAMIAN, JACK J STREET ADDRESS STREET ADDRESS 365 FIFTH AVENUE SOUTH., STE 201 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 TITLE ☐ Delete TITLE Change NASSIF, DAVID E NAME NAME STREET ADDRESS STREET ADDRESS 195 Worcester Street-Suite 301 365 FIFTH AVENUE SOUTH., STE 201 CITY-ST-ZIP CITY-ST-ZIP Wellesley Hills, MA 02481 NAPLES FL 34102 ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: DAVID E. NASSIF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING O

CITY-ST-ZIP