2000 UNIFORM BUSINESS REPORT (UBR)

Apr 27, 2000 8:00 am Secretary of State DOCUMENT # P98000102752 1. Entity Name MARLIN REAL ESTATE HOLDINGS, INC. 04-27-2000 90067 013 ***150.00 Mailing Address Principal Place of Business ٠,: 1911 N.W. 15TH STREET 1911 N.W. 15TH STREET POMPANO BEACH FL 33069 POMPANO BEACH FL 33069-1601 AL CYT HPAT FIFTY DOLLARS ALL 69 CEMPS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0912634 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent WILLIS, GARY M Street Address (P.O. Box Number is Not Acceptable) 1911 N.W. 15TH STREET POMPANO BEACH FL 33060 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change TITLE PSD □ Delete TITLE NAME NAME WILLIS, GARY M STREET ADDRESS STREET ADDRESS 1911 N.W. 15TH STREET CITY - ST - ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 ERINTED NAME OF SIGNING OFFICER OR DIFFECTOR

4/20/00

(954) 960-1500

Daytime Phone #