CR2E034 (9/99)

Daytime Phone #

20004NIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000107572 Apr 12, 2000 8:00 am Secretary of State 1. Entity Name D & D INVESTMENTS GROUP, INC. 04-12-2000 90147 034 ***150.00 Principal Place of Business Mailing Address 800 BRICKELL AVE. SUITE 902 800 BRICKELL AVE. SUITE 902 MIAMI FL 33131 MIAMI FL 33131-2966 2. Principal Place of Business Mailing Address 1401 Brickell Arenve Brickell AVE. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 700 4. FEI Number Applied For Mish florida oridd 65-0884466 ami Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WALDMAN, GLEN H Street Address (P.O. Box Number is Not Acceptable) 800 BRICKELL AVE, SUITE 902 MIAMI FL 33131 is statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits (NOTE: Registered Agent signature required when reinstating) DATE istered agent and title if applicable 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 filling requirement and elects to do so. \Box 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 OFFICERS AND DIRECTORS 12. 11. Addition PD PD TITLE ☐ Delete TITLE GUY, DAVID NAME NAME STREET ADDRESS 800 BRICKELL AVE, SUITE 902 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Delete TITLE **GUY, DENNIS** NAME NAME STREET ADDRESS 800 BRICKELL AVE, SUITE 902 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ 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 - ZiE CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing docs 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. changed, or on an attach

NG OFFICER OR DIRECTOR

SIGNATURE: