2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
05-04-2001 90027 044 ***158.75

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DOCUMENT # P99000001368

1. Entity Name
305-672-9200 MANAGEMENT, INC.

Principal Place of Business	Mailing Address
235 LINCOLN ROAD, SUITE 204 MIAMI BEACH FL 33139	235 LINCOLN ROAD, SUITE 204 MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
437 41st St.	437 41st St.
Suite, Apt. #, etc. 200	Suite, Apt. #, etc. 200
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33140 Country: USA	Zip: 33140 Country: USA

4. FEI Number 65-0884467 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ XX — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CACTUS HOLDINGS 234 LINCOLN ROAD #204 MIAMI BCH FL 33139	Name: Cactus Holdings, LLC Street Address (P.O. Box Number is Not Acceptable): 437 41st St. #210 Miami Beach, FL 33140 City FL 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] M/Cactus Holdings, LLC 4/25/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	FILE NOW!!! FEE IS $150.00 After MAY 1, 2001 Fee will be $550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMITT, R S 235 LINCOLN ROAD, SUITE 204 MIAMI BEACH FL 33139 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	437 Arthur Godfrey RD Miami Beach, FL 33140 D Schmitt, RS ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

13. I 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.

SIGNATURE: [signature] D. 4/25/01 305-672-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #