2000 UNIFORM BUSINESS REPORT (UBR) May 15, 2000 8:00 am Secretary of State DOCUMENT # **P99000013076** MIKO MANAGEMENT, INC. 05-15-2000 90206 022 ***150.00 Mailing Address Principal Place of Business 180 se 2NB street. Suite 3400 190 SE 2ND STREET. SUITE 3400 MIAMILEL 33131-2150 MIADILFL 33131 3. Mailing Address 2. Principal Place of Business 3001 S. OCEAN DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For WOOD Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 301 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BONNER, R. LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 100 SE 2ND STREET, SUITE 3400 **MIAMI FL 33131** 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 DATE (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ;9: This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS A D DIRECTORS 12. 11. ☐ Addition Change ☐ Defete TITLE TITLE FRIEDMAN, MICHAEL NAME NAME STREET ADDRESS 100 SE 2ND STREET, SUITE 3400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Deleta NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition TITLE ☐ Delete 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 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 IRS empowered.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR