## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Aug 13, 2001 8:00 am Secretary of State P99000017076 DOCUMENT # 1. Entity Name 08-13-2001 90002 047 \*\*\*550.00 BISCAYNE REALTY HOLDINGS II, INC. Principal Place of Business Mailing Address 1200 BRICKELL AVENUE 1200 BRICKELL AVENUE SUITE 400 SUITE 400 MIAM! FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0898453 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **ROBAINA. MERCEDES** Street Address (P.O. Box Number is Not Acceptable) 1200 BRICKELL AVENUE, 4TH FLOOR MIAMI FL 33131 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition MENENDEZ, CARLOS A NAME NAME 1200 BRICKELL AVE, SUITE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY - ST-7/P ☐ Addition ☐ Delete TITLE TITLE Change NAME SEE, BERNARD L NAME STREET ADDRESS 1200 BRICKELL AVENUE. SUITE 400 STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP MIAMI FL 33131 ☐ Delete TITLE **VPT** TITLE ☐ Change Addition NAME DAVIS, CHARLES H NAME STREET ADDRESS STREET ADDRESS 1200 BRICKELL AVE, SUITE 400 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 TITLE TITLE Delete ☐ Change Addition NAME MOGENA, JUAN NAME STREET ADDRESS STREET ADDRESS 1200 BRICKELL AVE, SUITE 400 CITY-ST-ZIP CITY-ST-7IP Miami FL 33131 TITLE Delete TITLE Change ☐ Addition NAME DOMENGUEZ, ANA NAME STREET ADDRESS STREET ADDRESS 1200 BRICKELL AVE. SUITE 400 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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:

RCharles H. Davis

FILED

(5/01)