2001 UNIFORM BUSINESS REPORT (UBR)

Jan 26, 2001 8:00 am DOCUMENT # P99000020948 **Secretary of State** 1. Entity Name DOUTHIT LAW FIRM, P.A. 01-26-2001 90073 028 ***150.00 Principal Place of Business Mailing Address 550 NE 124TH ST 550 NE 124TH ST MIAMI FL 33161 MIAMI FL 33161 184423 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 65-0910010 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 DOUTHIT, MARC ANTHONY ESQ Street Address (P.O. Box Number is Not Acceptable) 550NE 124TH ST **MIAMI FL 33161** 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 \$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. Atter MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE ■ Addition TITLE Change MARCO ANTHUMY DOUTH DOUTHIT, MARC ANTHONY NAME NAME SZO HE ISHT ST 10800 BISCAYNE BLVD., STE. 950 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. MIAMI FL-33161 ---Change ☐ Addition Delete TITLE TITLE MATUO Myddan Douthit DOUTHIT, MARC ANTHONY NAME NAME 220 HE 15441, 24 10800 BISCAYNE BLVD., STE. 950 STREET ADDRESS STREET ADDRESS 33161 CITY-ST-ZIP **MIAMI FL 33161** CITY-ST-ZIP MARIN TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 fequire flby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marc Douthit 1-16:01

3343-0110

Daytime Phone #