2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026277 Apr 14, 2000 8:00 am Secretary of State 1. Entity Name CORIAN INVESTMENTS, INC. 04-14-2000 90130 019 ***150.00 Mailing Address Principal Place of Business 1848 NW PALMETTO TERRACE 1848 NW PALMETTO TERRACE STUART FL 34997-6705 STUART FL 34994 2. Principal Place of Business 3. Mailing Address 8141 SE SKYLARK AUG 8141 SE SKYLARK Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Çity & State 4. FEI Number Applied For City & State 65 - 0902224 Not Applicable Hobe Sound annor abo Country \$8.75 Additional 5. Certificate of Status Desired 33455 MARTIN Fee Required 3345S Μααπω 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EVORKIAN EDWARD KEVORKIAN. EDWARD Street Address (P.O. Box Number is Not Acceptable) 1848 NW PALMETTO TERRACE STUART FL 34994 8141 SE SKYLARK AUDNUE Zip Code 33 4 5 5 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. PROSIDONT 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 filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE TITLE PRESIDENT ☐ Defete KEVORKIAN EDWARD NAME STREET ADDRESS STREET ADDRESS 8141 SE SKYLARK AUF CITY-ST-ZIP CITY-ST-ZIP HOBE SOUND, FL 33455 VICE PRESIDENT Change ■ Addition ☐ Delete TITL F NAME NAME RALPH P. DEL CORE STREET ADDRESS 6119 SE WINDSONG LANG STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART, FL 34997 ☐ Delete TITLE ☐ Change ☐ Addition TITLE TROASURER KEVORKIAN, EDWARD 8141 SE SKYLMAK AVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOBE SOUND, FL 33455 TITI F ☐ Change ☐ Addition TITLE S# CRUTARY ☐ Delete NAME DEL CORE RALPH P. 6119 SE WINDSONG LANGE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART, FL 34997 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

EVORKIAN .

PROSIDONT 4-10-2000

☐ Addition

Change