FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

Feb 06, 2001 8:00 am Secretary of State DOCUMENT # **P99000030792** THE CURTIS & KIMBALL COMPANY 02-06-2001 90247 046 ***150.00 Principal Place of Business Mailing Address 4101 LAGUNA STREET 4101 LAGUNA STREET MHAMH-FL 33146 MIAMI*FL 33146 COPAL GABLES CORAL GABLES 2. Principal Place of Business 3. Mailing Address 4101 Laguna Street Street 4101 Laguna Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0913511 Gables Gables Coral Not Applicable Country \$8.75 Additional 33146 33146 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Curtis, Rob Street Address (P.O. Box Number is Not Acceptable) 4101 LAGUNA STREET CORAL GABLES FL 33134- 33146 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME KIMBALL-MURLEY, AMY NAME STREET ADDRESS 2110 SW 3RD AVE #6B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33129** TITLE Delete TITLE Change ☐ Addition **CURTIS, ROB** NAME Rob Curtis NAME 7901 SW 58th Ave STREET ADDRESS 1224 MILAN AVE STREET ADDRESS CITY-ST-ZIP Miami FL 33143 CITY-ST-ZIP CORAL GABLES FL 33134 TITLE ☐ Delete TITLE ☐ Change* * ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the properties 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