2000 UNIFORM BUSINESS REPORT (UBR) RHED DOCUMENT # P99000035301 Jul 28, 2000 8:00 am 1. Entity Name **Secretary of State** BECSVEST REALTY SERVICES, INC. 07-28-2000 90150 005 ***550.00 Principal Place of Business Mailing Address 999 BRICKELL AVENUE. NINTH FLOOR 999 BRICKELL AVENUE, NINTH-FLOOR MINIM FL- 23131 MIAMI FL 33131-3. Mailing Address Principal Place of Business Suite, Apt. #, etc. Suite Apt # etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable 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 Steven (Cronia CRONIG, STEVEN C ESQ. Street Address (P.O. Box Number is Not Acceptable *301 COURVOISIER CENTRE Plaza *501 BRICKELL KEY DRIVE 250 Mary Street -MIAMI FL 33131-2623-8. The above named entity supplies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (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. SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (5/00) DANABERMAN VP/D Change : TITLE TITLE Delete BERMAN, DANA NAME NAME 3250 Mary 5. # 308 +000 BRICKELL AVENUE, NINTH FLOOR STREET ADDRESS STREET ADDRESS Coconut Grove FL 33133 CITY-ST-ZIP CITY-ST-ZIP -MIAMI-FL 33131-LAWRENCE EVANS TS/D Schange TITLE ☐ Delete TIRE EVANS, LAWRENCE S NAME NAME 150 ALHAMBRA CIR. #1270 STREET ADDRESS STREET ADDRESS 1570 MADRUGA AVENUE, SUITE 211 CORAL GABLES FL 33134 CITY-ST-7IP CITY-ST-ZIP **CORAL GABLES FL 33146** STEVEN CRONIG P/D TITLE **E** Change ☐ Addition TITLE Delete NAME CRONIG. STEVEN NAME 3250 Mary 54.#307 STREET ADDRESS -301 COURVOISIER CENTRE, 501 BRICKELL-KEY-STREET ADDRESS Coconut Grove FL -MIAMI-FL 33131-CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE SUKOFF, IRA NAME NAME 999 BRICKELL AVENUE, NINTH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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 peoprt is true and accyrate 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 true exempowered 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.

INTED NAME OF SIGNING OFFICE

SIGNATURE:

PRED 7-22-2000 PR DIRECTOR STEVEN SRONG, PRES 305-444-6300

Daytime Phone #