2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2000 8:00 am Secretary of State DOCUMENT # **P99000038496** 1. Entity Name LANDIS-CURTIS INVESTIGATIONS, INC. 04-24-2000 90075 045 ***150.00 Principal Place of Business Mailing Address 2520 CORAL WAY 2520 CORAL WAY **SUITE 2218 SUITE 2218** MIAM! FL 33145 MIAMI FL 33145-3438 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. --Suite, Apt. #, etc. --DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0914920 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANDIS, VINCENT Street Address (P.O. Box Number is Not Acceptable) 2520 CORAL WAY **SUITE 2218** MIAMI FL 33145 Zip Code City FI 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 35.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) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PTD ☐ Delete TITLE ☐ Change Addition TITLE LANDIS, VINCENT NAME NAME STREET ADDRESS STREET ADDRESS 120 S.W. 25TH ROAD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33129 ☐ Addition SVD ☐ Delete ☐ Change TITLE TITLE **CURTIS, GLENN** NAME NAME STREET ADDRESS STREET ADDRESS 7705 CAMINO REAL #B-313 CITY-ST-ZIE CITY-ST-ZIF MIAMI FL 33143 Change ☐ Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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