2001 UNIFORM BUSINESS REPORT (UBR)

May 23, 2001 8:00 am § Secretary of State DOCUMENT # P99000049261 1. Entity Name 05-23-2001 90510 001 *4,650.00 ACP CYPRESS 2150 CORP. Principal Place of Business Mailing Address C/O 701 BRICKELL AVE. C/O 701 BRICKELL AVE. 73573 SUITE 3000 SUITE 3000 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0923489 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INTRASTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVE. **SUITE 3000** MIAMI FL 33131 City Zip Code FL 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 DATE (NOT Registered Agent's anature 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 After MAY 1, 20 11 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 Payal le to Department of State OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE ☐ Change TITLE ☐ Delete DE OLAZARRA, ALLEN C NAME NAME STREET ADDRESS 701 BRICKELL AVE., STE. 3000 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP DST ▼ Change ■ Addition TITLE ☐ Delete TITLE DVST TOUZET, RODOLFO PRIO NAME PRIO TOUZET, PODOLFO 701 BRICKELL AVE., STE. STREET ADDRESS 701 BRICKELL AVE., STE. 3000 STREET ADDRESS 3000 CITY-ST-ZIP CITY - ST - ZIF MIAMI FL 33131 MIAMI, FL 33131 Addition TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITI F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify to 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 i by 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

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

Date

Daytime Phone #

FILED