2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED DOCUMENT # **P99000050954** May 08, 2000 8:00 am **Secretary of State** JAMES D. HARTNETT, INC. 05-08-2000 90178 021 ***158.75 Mailing Address Principal Place of Business 5757 BLUE LAGOON DRIVE 5757 BLUE LAGOON DRIVE SUITE 300 SUITE 300 MIAMI FL 33134-5207 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address 2100 Ponce De Leon 2100 Ponce De Leon Blvd. Blvd DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Suite #750 Suite #750 = Jack: Pitt City & State 4. FEI Number Applied For City & State Coral Gables, Coral, Gables Not Applicable Zip Country -Country \$8.75 Additional 5. Certificate of Status Desired 33134 Fee Required 33134 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent James D. Hartnett HARTNETT, DAVID P Street Address (P.O. Box Number is Not Acceptable) 200 S. BISCAYNE BOULEVARD 2100 Ponce De Leon Blvd SUITE 800 Suite #750 MIAMI FL 33131 Zip Code 33134 Coral Gables, 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition □ Delete TITLE HARTNETT, JAMES D NAME STREET ADDRESS 5757 BLUE LAGOON DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33126** Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADORESS 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