## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 22, 2001 8:00 am Secretary of State DOGUMENT # P9900051637 HEISE MARKARIAN FOREMAN, P.A. 03-22-2001 90010 038 \*\*\*150.00 Principal Place of Business Mailing Address GROVE FOREST PLAZA. SUITE 104 GROVE FOREST PLAZA, SUITE 104 2937 S.W. 27TH AVENUE 2937 S.W. 27TH AVENUE ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 2. Principal Place of Business 3. Mailing Address Blud 201 S. Biscayne Blud 201 S. Biscayne Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 1950 Suite City & State City & State Applied For 4. FEL Number 65-0925397 Mami MICHI Not Applicable Country Zip \$8.75 Additional CEL 33131 5. Certificate of Status Desired 33131 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARKARIAN, DAVID K Street Address (P.O. Box Number is Not Acceptable) **GROVE FOREST PLAZA, SUITE 104** 2937 S.W. 27TH AVENUE suite 1950 **COCONUT GROVE FL 33133** Zip Code 33/3/1 MIAMI 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 (NOTE: Registered Agent signature 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition ☐ Delete TITLE TITLE MARKARIAN, DAVID K NAME NAME S. BICCOURE Blud, Site 1950 STREET ADDRESS 2937 S.W. 27TH AVE., SUITE 104 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **COCONUT GROVE FL 33133** TITLE ☐ Delete TITLE HEISE, MARK J NAME S. Bucayra Blud Suite 1950 NAME 2937 S.W. 27TH AVENUE, SUTIE 104 STREET ADDRESS STREET ADDRESS **COCONUT GROVE FL 33133** CITY-ST-ZIP CITY-ST-ZIP .--- Dēlete □ Change DIDE -TITLE NAME NAME 201 S. Biscayne Berd, Suite 1950 STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 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-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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. If all other like providered. \*\*Mark J. House\*\*

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR