2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000052628 May 04, 2000 8:00 am Secretary of State 1. Entity Name 124 E. FLAGLER ST., INC. 03-14-2000 90021 039 ***150.00 Principal Place of Business Mailing Address 21 SE 1 AVENUE STE 300 21 SE 1 AVENUE STE 300 MIAM) FL 33131-1027 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business O NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-09 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAKOWITZ, ALAN Зαv 1111 KANE CONCOURSE STE 401 BAY HARBOR ISLANDS FL 33154-2042 City MIAM 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) DATE 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) ☐ Addition Change TITLE TITLE Delete NAME FRANCO, ABRAHAM NAME STREET ADDRESS STREET ADDRESS 21 SE 1 AVENUE STE 300 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** Change ☐ Addition Delete TOUR TITLE NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP_ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZiP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-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 changed, or on an attachment with an address, with all other like empowered. 305~198-4297 19/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2200 5007 1 055.5150 00 515000