2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000053448** Mar 02, 2001 8:00 am **Secretary of State** CHECKMATE STRATEGIC GROUP INC. 03-02-2001 90035 017 ***150.00 Principal Place of Business Mailing Address 1900 SUNSET HARBOUR DR. SUITE 1214 1900 SUNSEN HARBOUR DR. SUITE 1214 MIAMI FL 33139 MIAMI FL 33139 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0926808 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GILBEAU, TERRY L 1900 SUNSET HARBOUR DRIVE STE 1214 **MIAMI FL 33139** 8. The above named entity s atement for the purpose of changing its registered office or registered agent, or both in the State of Florida. SIGNATURE 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE Delete. ☐ Change Addition MCGARA. JENNIFER L E ME NAME 1900 SUNSET HARBOUR DR. SUIT STREET ADDRESS STREET ADDRESS MIAMI-FL 33139 CITY-ST-7IP 100E CITY-ST-ZIP TITLE TITLE GILBEAU, TERRY L NAME NAME 1900 SUNSET HARBOUR DR. SUITE 1214 STREET ADDRESS STREET ADDRESS Blud MIAMIFL 33139 100 E. LINYON CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition FL 33/83 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 13. I hereby certify that the information s indicated on this report or supplen of the corporation or the receive changed, or on an attachment all other like empowered

SIGNATURE: