2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9900054079 May 01, 2000 08:00 AM 1. Entity Name **Secretary of State** CAUSEWAY BRIDGE PROPERTY, INC. Principal Place of Business Mailing Address ONE SE 3RD AVENUE 28TH FLOOR ONE SE 3RD AVENUE 28TH FLOOR FL MIAMI FL 33131 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 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMERICAN INFORMATION SERVICES, INC. ONE SE 3RD AVENUE 28TH FLOOR Street Address (P.O. Box Number is Not Acceptable) MIAMI 33131 Zip Code 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. 05/01/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Detete ☐ Change X Addition NAME HANDLEY RICHARD STREET ADDRESS STREET ADDRESS C/O ONE S.E. 3RD AVENUE, 28TH FLOOR CITY-ST-ZIP CITY-ST-ZIP MIAMI \mathbf{FL} 33131 TITLE ☐ Delete TITLE ☐ Change X Addition NAME NAME DAURIA STEVEN STREET ADDRESS STREET ACCRESS C/O ONE S.E. 3RD AVENUE, 28TH FLOOR CITY-ST-ZIF CITY-ST-718 MIAMI FT. 33131 TITLE ☐ Delete TILE VP ☐ Change **X** Addition NAME NAME ROBERT STREET ADDRESS C/O ONE S.E. 3RD AVENUE, 28TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI 33131 TITLE ☐ Defete TITLE DP ☐ Change X Addition NAME NAME PIERCE WILLIAM STREET ADDRESS C/O ONE S.E. 3RD AVENUE, 28TH FLOOR STREET ADDRESS CITY-ST-ZIP \mathbf{FL} CITY-ST-ZIP МІАМІ 33131 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-7/8

STREET ADDRESS

CITY-ST-7IP