2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # Apr 19, 2000 8:00 am Secretary of State P99000057648 1. Entity Name SOBE DEVELOPMENT CORPORATION 04-19-2000 90001 028 ***150.00 Principal Place of Business Mailing Address C0061873 2. Principal Place of Business 3. Mailing Address 7800 W. OAKLAND PARK BLVD. 7800 W. OAKLAND PARK BLVD. Suite, Apt. #, etc. BLDG . "G" BLDG. "G" etc. DO NOT WRITE IN THIS SPACE SUNRISE, FLORIDA City & State
SUNRISE, FLORIDA 4. FEI Number Applied For 65-0935236 Not Applicable 33351 Country USA \$8.75 Additional 33351 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7._Name,and Address of New Registered Agent_ MICHAEL BRAULT CPA MARKO, DAVID E. ESQ. 3001 S.W. 3rd AVENUE Street Address (20 Box Number is Not Acceptable)
BLDG. MIAMI, FL. 33129 33351 SÜNR I SE 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. CPA BRAGLT MICHAEL (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition TITLE ☐ Delete JEAN CLAUDE LATTES NAME STREET ADDRESS STREET ADDRESS 7800 W. OAKLAND PARK BLVD. BLDG. CITY-ST-ZIP CITY-ST-ZIP SUNRISE. FL. 33351 ☐ Addition TITLE ☐ Change TITLE ☐ Delete ANNE MARIE AURRAN NAME NAME 7800 W. OAKLAND PARK BLVD. BLDG?#G" STREET ADDRESS STREET ADDRESS SUNRISE, FL. 33351 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE ROMAIN PIGEON NAME NAME 7800 W. OAKLAND PARK BLVD. BLDG. "G" STREET ADDRESS STREET ADDRESS SUNRISE, FL. 33351 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered. 305 53142.77

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: