## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P9900061652 May 30, 2000 8:00 am Secretary of State 1. Entity Name MIVAR, INC. 05-03-2000 90094 005 \*\*\*150.00 Principal Place of Business Mailing Address 2001-S.W. THERE AVE. STO Michel Braudt: 3001 S.W. THIRD AVE. NAME EL 22120-2705 1800 W. Oatland K MIAMI FL 33129 Building G unrise FL35317 2. Principal Place of Business 7800 W. OAKLAND PARK BLVD. 3. Mailing Address 7800 W. OAKLAND PARK BLVD. Suite, Apt. #, etc. Suite, Apt. #, etc. BLDG • "G" DO NOT WRITE IN THIS SPACE City & State City & State 4. FF! Number Applied For SUNRISE, FL. SUNRISE, FL. 65-0934949 Not Applicable Country Country Zio \$8.75 Additional 5. Certificate of Status Desired 33351 33351 U.S.A. U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MICHAEL BRAULT MARKO, DAVID E ESQ. Street Address (P.O. Box Number is Not Acceptable) 7800 W. OAKLAND PARK BLVD. 3001 S.W. THIRD AVE. BLDG. "G" MIAMI FL 33129 SUNRISE 33351 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. MICAREL Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) TITLE Change Addition TITLE ☐ Defete AURRAN, ANNE-MARIE 7800 W. OAKLAND PARK BLVD. BLDG. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE, FLORIDA CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete 3111.5 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME 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 CATY-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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

APRIL 25th 2000

(954)749-8802

Date

Daytime Phone #