2000 UNIFORM BUSINESS REPORT (UBR) \mathtt{FILED} DOCUMENT # P9900063854 Jul 18, 2000 8:00 am 1. Entity Name Secrétary of State OFFERFORM DEMARKS REALITY, INC. 07-18-2000 90010 025 ***150.00 Clor Principal Place of Business Mailing Address 2333 BRICKELL AVENUE 2333 BRICKELL AVENUE SUITE UL6 SUITE UL6 MIAMI FL 33129 MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Zip Country Zip 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 LVIO OFFEN. GRAZIELLA L Street Address (P.O. Box Number is Not Acceptable) 2333 BRICKELL AVENUE APT. 1405 BRICKELL AVENUE **MIAMI FL 33129** 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 SIGNATURE FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. PD **Delete** ☐ Addition TITLE TITLE OFFEN, GRAZIELLA L NAME NAME STREET ADDRESS STREET ADDRESS 2333 BRICKELL AVENUE, APT. 1405 CITY-ST-ZIP CITY-ST-ZIE **MIAMI FL 33129** Delete Change ☐ Addition TITI F TITLE CARDENAS, SILVIO DE III NAME NAME STREET ADDRESS STREET ADDRESS 550 OCEAN DRIVE, APT. 2-D CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete DILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 3 2000

305-8585807

ttachment



2333 BRICKELL AVE • UPPER LOBBY 6 • MIAMI, FLORIDA 33129 • TELEPHONE (305) 858-5802-3-4 • FAX (305) 854-3908

JULY 11, 2000

FLORIDA DEPT.OF STATE DIVISION OF CORP. P.O. BOX 6327 TALLAHASSEE, FLORIDA

DEAR SIRS:

ENCLOSED YOU WILL FIND A CHECK FOR \$150.00, TO BE APPLIED FOR OFFEN-CARDENAS REALTY. WE WANT YOU TO BE AWARE THAT WE NEVER RECEIVED THE BILL APPLICATION THAT YOU SENT OUT EVERY YEAR. WE ALWAYS PAY OUR BILLS PROMPTLY AND IN AN ORDERLY MANNER.

WE HAVE JUST CHANGE THE NAME FROM OFFEN-CARDENAS REALTY TO BRICKELL BAY CLUB REALTY INC.

IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, DO NOT HESITATE TO CALL ME.

SINCERELY YOURS,

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SILVIO DE CARDENAS

