2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 31, 2000 8:00 am Secretary of State DOCUMENT # **P99000067409** KENDALL SQUARE MALL, INC. 05-31-2000 90030 023 ***550.00 Principal Place of Business Mailing Address 2655 LEJEUNE RD., STE 201 2655 LEJEUNE RD., STE 201 CORAL GABLES FL 33134 CORAL GABLES FL 33134 3. Mailing Address 2. Principal Place of Business 2323 Bryan Suite, Apt. #, et DO NOT WRITE IN THIS SPACE Applied For Not Applicable Country \$8.75 Additional Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Baker, Ronald G Street Address (P.O. Box Number is Not Acceptable) 2655 LEJEUNE RD., STE 201 **CORAL GABLES FL 33134** City 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 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. 12. TITLE Delete TITLE Wallach, Richard NAME BAKER, RONALD G NAME STREET ADDRESS 2655 LEJEUNE RD., STE 201 STREET ADDRESS Dallas, CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 Change TITLE ☐ Delete TITLE NAME NAME Chehab, Farid 410 Candina St., apt. 14B STREET ADDRESS STREET ADDRESS PR 00907 CITY-ST-ZIP . San-Juan CITY-ST-ZIP Addition Delete TITLE TITLE Rosado, ange #19 Sub Bas NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 00802 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR