2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000069160** Apr 24, 2000 8:00 am Secretary of State 1. Entity Name LAKESIDE EXECUTIVE SUITES AT WESTON, INC. 04-24-2000 90061 040 ***150.00 Mailing Address Principal Place of Business 2500 WESTON ROAD, STE. 302 2500 WESTON ROAD. STE. 302 WESTON FL 33331 WESTON FL 33331-3616 2. Principal Place of Business 3. Mailing Address 2645 Executive lank Da Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0950058 Weston Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agen AMIGLIETTI ARGENTI, ROBERT Street Address (P.O. Box Number is Not Acceptable) 2645 EXECUTIVE TANK 2500 WESTON ROAD, STE. 302 WESTON FL 33331 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS PD Change Addition TITLE ☐ Delete TITLE FAMIGLIETTI, RICHARD NAME NAME 2645 Executive Park Deive 1845 NO. CORPORATE LAKES BLVD. STREET ADDRESS STREET ADDRESS Weston, FL 33321 CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33326 ☐ Addition ☐ Change Delete TITLE ANTONUCCI, JAMES F NAME NAME 600 CORPORATE DRIVE, STE. 510 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT. LAUDERDALE FL Addition ☐ Change **D**elete TITLE TITLE DINNEEN, ROBERT E III NAME NAME STREET ADDRESS 2500 WESTON ROAD, STE. 302 STREET ADDRESS CITY-ST-ZIP WESTON FL 33331 CITY-ST-ZIP SD ☐ Change ☐ Addition TITLE ARGENTI, ROBERT NAME NAME STREET ADDRESS 2500 WESTON ROAD, STE. 302 STREET ADDRESS CITY-ST-ZIP WESTON FL 33331 CITY-ST-ZIP Addition ☐ Change □ Delete TITLE NAME NAME NANCY J. PIERCE recutive PAR DRIVE STREET ADDRESS STREET ADDRESS es7001. FL 33331 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.

TITLE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition