2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070294 May 17, 2000 8:00 am Secretary of State BABCOCK-BELL DEVELOPMENT, INC. 05-17-2000 90936 025 ***150.00 Mailing Address Principal Place of Business 1773 NORTHWEST 79TH AVENUE 1773 NORTHWEST 79TH AVENUE MIAMI FL 33126 MIAMI FL 33126-1112 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0942407 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BABCOCK, CALVIN H Street Address (P.O. Box Number is Not Acceptable) 1773 NORTHWEST 79TH AVENUE MIAMI FL 33126 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 (NOTE: Registered Agent signature required when reinstating) 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 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 Added to Fees Trust Fund Contribution (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition X Change Delete TITLE C/S/D TITLE BABCOCK, CALVIN H NAME NAME CALVIN H. BABCOCK 1773 NORTHWEST 79TH AVENUE STREET ADDRESS STREET ADDRESS C/O THE BABCOCK CO., 1773 N.W. 79 AMENUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33126** MIAMI FT. 33126-1112 Change Addition ☐ Delete TITLE TITLE NAME J. EDWIN HELL NAME STREET ADDRESS STREET ADDRESS 1773 N.W. 79 AVENUE CITY-ST-ZIP CITY-ST-ZIP MIZMI FL 33126-1112 Addition ☐ Change ☐ Delete TITLE TITLE WAYNES, SCHUCHIS NAME NAME STREET ADDRESS STREET ADDRESS 1773 N.W. 79 AVENUE CITY-ST-ZIP MIAMI, FL 33126-1112 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition DIDE TITLE ☐ Delete NAME NAME STREÉT ADDRESS STREET ADDRESS CITY-ST-7IP 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 of the corporation of th t**ca**evin H., Babcock, Chairman (