2000 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2000 08:00 AM DOCUMENT # **P99000071110** 1. Entity Name **Secretary of State** SOMETHING BORROWED @ BISCAYNE, CORP. Principal Place of Business Mailing Address 3700 BISCAYNE BOULEVARD 3700 BISCAYNE BOULEVARD MIAMI FL MIAMI FL 33137 33137 2. Principal Place of Business 3. Mailing Address 3700B BISCAYNE BOULEVARD 2655 SOUTH BAYSHORE DR. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 112 City & State City & State 4. FEI Number Applied For MIAMI FL MIAMI FL 65-0956501 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33137 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JEANNETTE F 2655 S. BAYSHORE DR., #112 Street Address (P.O. Box Number is Not Acceptable) MIAMI 33133 Zip Code FL 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. 04/28/2000 SIGNATURE 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 After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE CFO ☐ Detete ☐ Change X Addition NAME KATZ KENNETH STREET ADDRESS STREET ADDRESS 2655 SOUTH BAYSHORE DR. #112 CITY-ST-ZIP CITY-ST-ZIP MIAMI \mathbf{FL} 33133 TITLE ☐ Delete TITLE CEO ☐ Change X Addition NAME NAME JEANNETTE F KATZ STREET ADDRESS STREET ACCRESS 2655 SOUTH BAYSHORE DR. #112 CITY-ST-ZIF CITY-ST-718 МІАМІ FT. 33133 TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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.

FILED