FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE: _

with all other like empowered.

Jan 23, 2001 8:00 am DOCUMENT # P99000072446 **Secretary of State** 1. Entity Name 01-23-2001 90008 018 ***150.00 ALTIS INCOME HEDGE, INC. Principal Place of Business Mailing Address 3400 NE 30TH ST. 3400 NE 30TH ST. 901182 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address 6940 TOWN HARBOUR BLUD-6940 TOWN HARBOUR BLUD. Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE SLOTE ZYLI SUITE **- ヱYノノ** Applied For City & State City & State 4. FEI Number 65-0943869 Not Applicable BOCA RATON BOCA RATO \$8.75 Additional 5. Certificate of Status Desired USA Fee Required USA <u>33433</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAURO PAUL LAURO, PAUL F. eet Address (P.O. Box Number is Not Acceptable 3400 N.E. 30TH STREET 6940 TOWN HARBOUR BLUD. FT. LAUDERDALE FL 33308 2411 Zip Code BOCA RATON 33 43 <u>3</u> 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 LAURD SIGNATURE <u></u> 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 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. PRESSOENT Change TITLE ☐ Delete TITLE LAURO, PAUL F 6940 TUNN NARBOUR BLUD. NAME NAME LAURO, PAUL F SUPPE ZYII STREET ADDRESS STREET ADDRESS 3400 NE 30TH ST. CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33433 FT. LAUDERDALE FL 33308 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 13. I hereby certify that the information supplied with this filling 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

PAUL F. LAURD PRESIDENT