2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074000

FILED
Jul 28, 2000 8:00 am
Secretary of State

04-28-2000 90037 050 ***150.00

1. Entity Name

4452 INVESTMENTS, INC.

Principal Place of Business	Mailing Address
1900 SUNSET HARBOUR DR COMMERCIAL UNITS A-F MIAMI BEACH FL 33139	1900 SUNSET HARBOUR DR COMMERCIAL UNITS A-F MIAMI BEACH FL 33139-1400

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0944432 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Fowler, White, Burnett WOOD, RICHARD A ~~200 S BISCAYNE BLVD, 28TH FL~~ 100 S.E. 2nd St. 17th. Floor MIAMI FL 33131 Miami, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Richard Wood Richard Wood 6/3/00 DATE

Signature of a member or agent (see below) Type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D ☐ Delete NAME TURCHIN, JOHN A STREET ADDRESS C/O KEITH MACK LLP - 200 S BISCAYNE BLVD CITY-ST-ZIP MIAMI FL 33131	TITLE ☐ Change ☐ Addition NAME Turchin, John A. STREET ADDRESS Fowler, White, Burnett CITY-ST-ZIP 100 S.E. 2nd St. 17th Floor Miami, FL 33131
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: X

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2000 JUL 28 PM 1:00