2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 18, 2000 8:00 am Secretary of State DOCUMENT # P99000076522 GOLDEN ISLES DEVELOPMENT CORP. 01-18-2000 90075 029 ***150.00 Mailing Address Principal Place of Business 2300 DIANA DRIVE 2300 DIANA DRIVE HALLANDALE FL 33009-4823 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WHITTAKER, LAURIE S ESQ. Street Address (P.O. Box Number is Not Acceptable) 1065 N.E. 125TH STREET SUITE 300 NORTH MIAMLEL 33161 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. DATE 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 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. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change DPVP TITLE TITLE NAME NAME FREEMAN, PATRICIA STREET ADDRESS STREET ADDRESS 2300 DIANA DRIVE CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 Change T + 1/2 **Delete** Goldston TITLE ~ 7. NAME FREEMAN, PATRICIA STREET ADDRESS STREET ADDRESS 2300 DIANA DRIVE CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STRÉET ADDRESS CITY-ST-ZIP CITY-ST-7IP . Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete . NAME NAME STREET ADDRESS STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF