## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 18, 2000 8:00 am Secretary of State DOCUMENT # P9900079079 1. Entitý Name MIRAGE OF ISLAMORADA, INC. 05-18-2000 90364 003 \*\*\*150.00 Principal Place of Business Mailing Address 86743 OVERSEAS HWY 86743 OVERSEAS HWY ISLAMORADA FL 33036-3129 ISLAMORADA FL 33036 2. Principal Place of Business Suite, Apt. #, etc. City & State 4. FEI Number Applied For 6509 Not Applicable Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORRIS, MARGARET H Street Address (P.O. Box Number is Not Acceptable) 87200 OVERSEAS HUY. 80743 OVERSEAS HWY ISLAMORADA FL: 33036 Islamoraba, F Zip Code of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE : 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME .#A! STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

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