2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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T1LED May 06, 2002 8:00 am Secretary of State 05-06-2002 90144 922 P99000091741 DOCUMENT # 1. Entity Name CONTINUUM INVESTMENTS, INC. Principal Place of Business Mailing Address 1000 W 14TH ST 1000 W 14TH ST MIAMI FL 33136-2105 MIAMI FL 33136-2105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0991642 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FAIBISCH, RUSSELL M Street Address (P.O. Box Number is Not Acceptable) 1000 NW 14TH ST MIAMI FL 33136 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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. PD Addition TITLE ☐ Delete TITLE Change FAIBISCH, RUSSELL NAME NAME 1000 NW 14TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33136** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition FAIBISCH, CHARLES NAME 1000 NW 14TH ST STREET ADDRESS STREET ADDRESS MIAMI FL 33136 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Detete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachmen

Daytime Phone #

Date