2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000098707** Feb 25, 2000 8:00 am SCHRODER TRUST BANK **Secretary of State** 02-25-2000 90006 016 ***150.00 Mailing Address Principal Place of Business 200 S. BISCAYNE BLVD. STE 2650 200 S. BISCAYNE BLVD. STE 2650 MIAMI FL 33131-2329 MIAMI FL 33131-2371 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0950698 Not Applicable Country \$8.75 Additional Zìp Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) - NONE-REQUIRED-BY-TRUST-COMPANY Zip Code City 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 requires 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. Added to Fees Trust Fund Contribution. X Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 野グラは 製造 OFFICERS AND DIRECTORS 12. 11. D. Colym to the en TITLE Change ☐ Addition Delete TITLE NAME BOOTHMAN, CLIVE N NAME STREET ADORESS STREET ADDRESS 31 GRESHAM STREET CITY-ST-ZIP CITY-ST-ZIP LONDON, ENGLAND EC2V -7QA ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME CACICEDO, JOSE A NAME 200 S. BISCAYNE BLVD, STE 2650 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131-2371 ☐ Change ☐ Addition ☐ Delete TITLE TITLE HARRIMAN: JOHN H.B. NAME NAME STREET ADDRESS STREET ADDRESS 200 S. BISCAYNE BLVD, STE 2650 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131-2371 ☐ Change Addition ☐ Delete TITLE TITLE MCGRATH, JAMES H NAME NAME 200 S. BISCAYNE BLVD, STE 2650 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131-2371 ☐ Addition Change ☐ Delete TITLE TITI F ROWE, DAVID H.A. NAME NAME STREET ADDRESS STREET ADDRESS 31 GRESHAM STREET CITY-ST-ZIP CITY-ST-ZIP LONDON, ENGLAND EC2V -7QA Addition Change ☐ Delete TITLE TITLE NAME NAME 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

DOWN H.B. HARRIMAN

7 february 2000 (305)

530-2570

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address

SIGNATURE: