2000 UNIFORM BUSINESS REPORT (UBR) 5/7 FILED DOCUMENT # P99000101032 Jun 05, 2000 8:00 am Secretary of State 1. Entity Name GLOBAL REAL ESTATE GROUP, CORP. 05-07-2000 90040 040 ***150.00 Principal Place of Business Mailing Address 290 NORTHWEST 165 STREET, 4FL, PHD 290 NORTHWEST 165 STREET, 4FL, PH3 MIAMI FL 33169 MIAMI FL 33169-6457 2. Principal Place of Business 3. Mailing Address Street NW 15 5881 NW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite Applied For 4, FEI Number City & State City & State 65-0990647 Not Applicable <u> Miami</u> Miami Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required Ulami - Dade 33*014* 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent oberto PINEYRO, ROBERT Not Acceptable) 290 NORTHWEST 165 STREET, 4FL. PH3 MIAMI FL 33169 Zip Code 33014 purpose of changing its registered office or registered agent, or both, in the State of Florida rits this state 8. The above named SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5,00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees \Box (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition CR2F034 (9/99 Assistant Treasurer ☐ Change Delete TITI F TITLE Wayne B. Schofield PINEYRO, ROBERT NAME NAME 151 Street 5881 NW STREET ADORESS 290 NORTHWEST 165 STREET, 4FL PH3 STREET ADDRESS CITY-ST-ZIP 33014 CITY - ST-ZIP **MIAMI FL 33169** Addition Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITE F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition D. Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-57-21P CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition Defete TITLE TITLE NAME

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 12 if or Block 12 if changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY - ST - ZIP