2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # POOCOO 102759

| 1. Entity Name HAWKER INCORPORATED | | | | | | Apr 13, 2000 8:00 am Secretary of State | | | | |
|---|--|----------------------------|--|---|-----------------------|--|------------------------------|---------------|-------------------------------|-----------------------|
| Principal Place | | - | Mailing Address 701 BRICKELL AVE STE 3000 MIAMI FL 33131 | | | | 0113 2000 | 70002 012 | . 150 | .00 |
| 701 BRICKELL / MIAMI FL 33131 | | | | | | | | | | |
| | _ | | | | | | | | | |
| • | ace of Business .ncoln Road | | 3. Mailing Address P. O. Box 191768 | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | DO NOT WRITE | IN THIS SP | ACE | |
| Suite 335 City & State | | City & S | City & State | | | 4. FI | El Number | | Ap | plied For |
| Miami Beach, FL | | 1 ′ | Miami, FL | | | | 55-0964422 | | No | t Applicable |
| Zip 33139 | Country USA | Zip 3311 | 9-1768 | Country | | | ertificate of Status Desired | □ Fe | 3.75 Add e Required | |
| | 6. Name and Address of Curre | nt Registered A | Agent | , , _ | omo | - 7. N | ame and Address of New Re | gistered Ag | ent | |
| | | | | | | | estments, Inc. | | _ | |
| 701 BRICKELL AVE STE 3000 | | | | S | treet Address 420 | Line | x Number is Not Acceptable) | | | |
| MIAMI FL 33131 | | | | | Sui | te 33 | 35 | | | |
| | | | | C | ity Mian | mi Be | i Beach, FL Zio Code 33139 | | | 9 |
| 8. The above | named entity submits this statemen | t for the purpose | of changing its | s registered o | | | | ida. | L | |
| | 1.1-00 | 2 - 7 | 45 | | | | | 4/ch | ~/) | |
| SIGNATURE . | Signaturi, typed or printed pame of registered age HII da C. Montero | gent and title if applicat | ole. (NOT | TE. Registered Age | int signature require | ed when rea | nstating) | DATE | | |
| 9. This corne | pration is eligible to satisfy its Intangi | | - | !!! FEE IS | \$150.00 | | 10. Election Campaign Fina | noina | | O n. |
| Tax filing requirement and elects to do so. After MA | | | | , 2000 Fee will be \$550.00 ayable to Department of Sta | | | Trust Fund Contribution | 🗆 | Ådded | May Be to Fees |
| 11, | | ND DIRECTORS | _ | 12. | | ADI | DITIONS/CHANGES TO OFFI | | | S IN 11 X Addition |
| TITLE NAME | Director/President Cejas, Pablo L. | | ☐ Delete | TITLE NAME | | | | ι | Change | Augilion |
| STREET ADDRESS | 420 Lincoln Road, | 5 | STREET AC | DRESS | | | | | | |
| CITY-ST-ZIP | | | | CITY-ST- | ZIP | | | | | red |
| TITLE | Director/Secretary | • | Delete | TITLE NAME | | | | l | Change | Addition |
| NAME STREET ADDRESS | Montero, Hilda C. | d3+- 221 | - | STREET AL | DDRESS | | | | | |
| CITY-ST-ZIP | 420 Lincoln Road Miami Beach, FL 33 | Suite 33: | . | CITY-ST- | ZIP | | | | | |
| TITLE . | . , | _ | ☐ Delete | TITLE | | | | [| Change | Addition |
| NAME | | | | NAME STREET AL | ADDECC. | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | CITY-ST- | I | | | | | |
| TITLE | | _ | ☐ Delete | TITLE | | | | | Change | Addition |
| NAME | | | | NAME | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | STREET AI CITY-ST- | 1 | | | | | |
| TITL C | | | Delete | TITLE | | | | · | Change | Addition |
| NAME | 1,1 | | 50,00 | NAME | | | | | | |
| STREET ADDRESS | | | | STREET A | | | | | | |
| CITY-ST-ZIP | | _ | <u></u> | CITY-ST- | ZIF | | | | | Addition |
| TITLE | | | ☐ Delete | NAME | | | | | Change | |

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

305-531-5220