2000 UNIFORM BUSINESS REPORT (UBR) Apr 27, 2000 8:00 am Secretary of State DOCUMENT # **P99000103791** MICHAEL B. FEILER, P.A. 04-27-2000 90118 048 ***150.00 Mailing Address Principal Place of Business 3929 PONCE DE LEON BOULEVARD PONCE DE LEON BOULEVARD GABLES FL 33134 CORAL GABLES FL 33134 948503 3. Mailing Address 2. Principal Place of Business 122 Minorea Minorca DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State Not Applicable \$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 FEILER, MICHAEL B Street Address (P.O. Box Number is Not Acceptable) 3929 PONCE DE LEON BOULEVARD **CORAL GABLES FL 33134** office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its register d Agent signature required 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. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE MINORCA NE NAME FEILER, MICHAEL B NAME STREET ADDRESS STREET ADDRESS 3929 PONCE DE LEON BOULEVARD CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL 33134** Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP Addition □ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information fue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered. 13. I hereby certify that the information supplied we indicated on this report or supplemental report of the corporation or the receiver or trustee exchanged, or on an attachment with an aggregation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING C