## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## **FILED** Mar 28, 2001 8:00 am DOCUMENT # **P99000104844** Secretary of State 1. Entity Name DEFI. INC. 03-28-2001 90218 010 \*\*\*150.00 Principal Place of Business Mailing Address 201 S BISCAYNE BLVD SUITE 1600 201 S BISCAYNE BLVD SUITE 1600 MIAMI FL 33131 MIAMI FL 33131 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 65-0966883 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION COMPANY MIAMI Street Address (P.O. Box Number is Not Acceptable) 201 S BISCAYNE BLVD 1600 MIAMI CENTER **MIAMI FL 33131** City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Delete NAME GETREIDE, PATRICK NAME STREET ADDRESS STREET ADDRESS C/O 1600 MIAMI CENTER 201 S. BIS. BLVD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 **Addition** TITLE S VP ☐ Delete TITLE NAME FRIEDBAUER, ROGER NAME STREET ADDRESS STREET ADDRESS 1600 MIAMI CENTER, 201 S. BISCAYNE BLVD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 TITLE Delete ☐ Addition 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-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 fiture 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.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROGEY Friedbauer, Vice President/Sec

3/10/01

(305) 379-9104

Daytime Phone #