2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2000 8:00 am Secretary of State **DOCUMENT # \$26328** 1. Entity Name MIAMI RIVER PROPERTIES, INC. 05-16-2000 90072 045 ***150.00 Principal Place of Business Mailing Address 1801 S.W. 3RD AVE. 1801 S.W. 3RD AVE. 8TH FLOOR 8TH FLOOR MIAMI FL 33129 MIAMI FL 33129-1487 2. Principal Place of Business 3. Mailing Address 3162 COMMODORE PLAZA 3162 COMMODORE PLAZA Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. #3A Applied For City & State City & State 4. FEI Number 65-0291316 Not Applicable MIAMI. MIAMI, FL Country Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired Fee Required <u>33133-5815</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>JIMENEZ, ROSE G.</u> JIMENEZ, ROSE G Street Address (P.O. Box Number is Not Acceptable) 1801 S.W. 3RD AVE. 8TH FLOOR MIAMI FL 33129 <u>3162 COMMODORE PLAZA #3A</u> Zip Code 3<u>313</u>3 MIAMI 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 ROSE G. <u>JIMENEZ</u> (NOTE: Registered Agent signature required when reinstating) title i applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. 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 П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE MEIRELES, CLETO CAMPELO NAME NAME 1801 S.W. 3RD AVE. 8TH FLOOR STREET ADDRESS 3162 COMMODORE PLAZA #3A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33133 MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 length 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 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 I hereby certify that the information a indicated on this report or supplement

ner like empowered

TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLETO