2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 12, 2001 8:00 am Secretary of State **DOCUMENT # \$29140** 1. Entity Name FEMAR INVESTMENTS, INC. -12-2001 90006 027 ***150.00 Principal Place of Business Mailing Address 200 S BISCAYNE BLVD-SUITE 4950 200 S BISCAYNE BLVD SUITE 4950 SOUTHEAST FINANCIAL CENTER SOUTHEAST FINANCIAL CENTER 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 65-0255207 Not Applicable 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 CHOPP, HAROLD Street Address (P.O. Box Number is Not Acceptable) 200 \$ BISCAYNE BLVD SUITE 4950 SOUTHEAST FINANCIAL CENTER MIAMI FL 33131 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Delete TITLE ☐ Change ☐ Addition TITLE REYLER, DORA D NAME NAME #4950, 200 S BISCAYNE BL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change □ Delete TITLE TITLE KERBEL, FANNY A NAME NAME STREET ADDRESS #4950, 200 \$ BISCAYNE BL STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP. MIAMI FL ☐ Addition TITLE ☐ Change Delete TITLE REYLER, DORA D NAME NAME STREET ADDRESS #4950, 200 S BISCAYNE BL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE ☐ Change Addition TITLE KERBEL, MARCOS A NAME NAME STREET ADDRESS #4950, 200 \$ BISCAYNE BL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 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.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>3-31-01</u>