SIGNATURE:

2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # \$41908** Feb 26, 2000 8:00 am **Secretary of State** KATLINE REALTY CORP. 02-26-2000 90013 042 ***150.00 Principal Place of Business Mailing Address 1825 ALAMANDA DRIVE 1825 ALAMANDA DRIVE NORTH MIAMI FL 34102-1565 NORTH MIAMI FL 33181 2. Principal Place of Business Mailing Addjess DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0252506 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Name KLAR, CHARLES Street Ad 1825 ALAMADDA DR. N. MIAMI FL 33181 for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above **SIGNATURE** (NOTE: Registered 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 (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 Change ☐ Addition De'ete TITLE TITLE KLAR, CHARLES NAME NAME STREET ADDRESS 1825 ALAMANDA DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI FL 33181 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ~ CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ue and acquirate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ergotto execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supp indicated on this report or supplementa of the corporation or the receiver or trul changed, or on ar empowered.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR