2000 UNIFORM BUSINESS REPORT (UBR) Apr 26, 2000 8:00 am Secretary of State **DOCUMENT # \$43717** DILLINGHAM HOLDINGS, INC. 04-26-2000 90501 001 *3,300.00 Principal Place of Business 1 Mailing Address 701 BRICKELL AVENUE 701 BRICKELL AVE. SUITE 850 SUITE 1600 MIAMI FL 33131-2822 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0256968 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SULLIVAN, JOHN S Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE SUITE 850 **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 DATE Signature, typed or printed name of registered agent and title if applicable. (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 Tax filing requirement and elects to do so After MAY 1, 2000 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 12. 11. Change X Addition DPT ☑ Delete TITLE DPST TITLE SULLIVAN, JOHN S DE OTADUY, JAVIER NAME NAME STREET ADDRESS Le Casa Bianca, Bla. 3ET. N3, 17 Blvd. Du Larvotto 701 BRICKELL AVENUE, SUITE 850 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 98000 Montecarlo, Monaco **MIAMI FL 33131** ☐ Addition Change K Delete TITLE TITLE SULLIVAN, JOHN S NAME NAME 701 BRICKELL AVENUE, SUITE 850 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33131 Change ☐ Addition TITLE Delete TITLE SULLIVAN, JOHN S NAME NAME STREET ADDRESS 701 BRICKELL AVE., STE. 850 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE

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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

04/19/00

305-381-8340

Change

☐ Addition

Daytime Ph

CR2E034 (9/9