2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$43717 1. Entity Name DILLINGHAM HOLDINGS, INC.						Secretary of State 04-22-2002 90120 018 ***150.00			
Principal Plac 701 BRICKEL SUITE 1600 MIAMI FL 331		Mailing Address 701 BRICKELL AVENUE SUITE 850 MIAMI FL 33131 US	701 BRICKELL AVENUE SUITE 850 MIAMI FL 33131						
	Place of Business Brickell Ave	3. Mailing Address	3. Mailing Address '801 Brickell Ave			- I LEGINDID IN DIEGO 1144 HEROL TIGH HEROL SIGN BIGH BIGH BIGH BIGH BIGH 1081			
Suite, Apt. 16th	#, etc. Floor	Suite, Apt. #, etc. 16th Floor				DO NOT WRITE IN THIS SPACE			
City & Star Miam :	te i, FL 33131	City & State Miami, FL 33131			4	65-0256968	≀ ⊢	Applied For Not Applicable	
Zip Country		Zip Cou		ountry		5. Certificate of Status Desired	□ \$8.75 A		
-	6. Name and Address of Curren	t Registered Agent	·		7	. Name and Address of New I	Registered Agent		
CT CORPORATION SYSTEMS				Name					
	JTH PINE BLVD		Street Ad		ddress (P.C	dress (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324				City			FL Zip Co	de	
Tax filing	Signature, typed or printed name of registered ager oration is eligible to satisfy its Intangib requirement and elects to do so. ria on back)	e FILE NOW After May 1, 20 Make Check Payat	!!! FEE 02 Fee	will be \$5)0 50.00	10. Election Campaign Fir Trust Fund Contribution	· _ ••.	00 May Be	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DE OTADUY, JAVIER RESIDENCE PARK SANT ROMA AVENIDA ST ROMA MONACO S	☐ Delete		1		ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTO		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Delete SULLIVAN, JOHN S 701 BRICKELL AVENUE, SUITE 850 MIAMI FL 33131			E EET ADDRESS -ST-ZIP		X Change ☐ Addition 801 Brickell Ave, 16th Floor Miami, FL 33131			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SULLIVAN, JOHN S 701 BRICKELL AVE., STE. 850 MIAMI FL 33131	☐ Delete			801	Brickell Ave, 10	為hange 5 th Floor	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition	
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3. 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

3/21/02 Date 305-381-8340

Daytime Phone #