CR2Fn34 (9/99)

2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # \$73140** Jan 19, 2000 8:00 am Secretary of State 1. Entity Name MULTIPLY REALTY INVESTMENTS INC. 01-19-2000 90220 001 ***150.00 Principal Place of Business Mailing Address 950 S. MIAMI AVE 950 S. MIAMI AVENUE SUITE 101 SUITE 101 AUUU/400 MIAMI FL 33130 MIAMI FL 33130-4121 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0278859 Not Applicable Zip Country \$8.75 Additional 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 HERCULES PIMENTA GILLETTE, EDWARD III Street Address (P.O. Box Number is Not Acceptable) 950 S. MIAMI AVE. **MIAMI FL 33130** MIAMI ned entity submits has statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida The above n HERCULES TIMENTA - EXEC. VICE-PRESIDENT SIGNATURE 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 PRESIDENT **PSD** Addition X Change Delete TITLE FERRADOR, SERGIOT 950 SMIAMI AVE FERRADORE. SERGIO T NAME STREET ADDRESS 950 S. MIAMI AVE. MIAMI FL 33130 CiTY-ST-7IP **MIAMI FL 33130** EXEC. VICE-PRESIDENT HERCULES PIMENTA X Delete TITLE ☐ Change ★ Addition GILLETTE, EDWARD C III 9505 MIAMI AVE STREET ADDRESS 950 S. MIAMI AVE.

11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS MIAMI FL 33130 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33130 TITLE ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70 Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the jeceiver 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 YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DECEDED DELEGATION DEL

Date Davime Phone #