

**FILED**  
**Jun 11, 2003 8:00 am**  
**Secretary of State**

06-11-2003 90064 009 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # S93356</b>			
1. Entity Name <b>306 LANDMARK, INC.</b>			
Principal Place of Business 20185 NO. COUNTRY CLUB DRIVE APT 306 N MIAMI BEACH, FL 33180		Mailing Address ATTN: <del>J. Smith</del> J. Smith 2 S. BISCAYNE BLVD, 30TH FLOOR MIAMI, FL 33131	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0346672</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			
HODARA, ESTELLA 20185 NO. COUNTRY CLUB DRIVE APT 306 N MIAMI BEACH, FL 33180			
<b>7. Name and Address of New Registered Agent</b>			
Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code			
A. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)</small> DATE:			
FILING WITH REG. IS \$150.00 After May 17, 2003 Fee Will Be \$590.00 Make Check Payable to Florida Department of State			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	HODARO, ESTELLA		
CITY-ST-ZIP	20185 E COUNTRY CLUB DR N MIAMI BEACH, FL		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	HODARA, NELSON		
CITY-ST-ZIP	20185 E COUNTRY CLUB DR N MIAMI BEACH, FL 33180		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	HODARA, HELIO		
CITY-ST-ZIP	20185 E COUNTRY CLUB DR N MIAMI BEACH, FL 33180		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
12. 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <input checked="" type="checkbox"/> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #			

90139280



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

HSBC Republic 

*Attachment*  
*90139280*

June 6, 2003

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: 306 Landmark Inc.  
Document # S93356

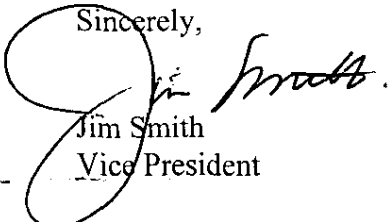
To whom it may concern:

Attached is a check to pay for the annual corporation fees for the above referenced corporation as well as to get a certificate of status once completed.

I realize that the fee was due on May 1 and am requesting that you forgive the past due fee as I did not receive the notice. As you can see, the individual that the letter is being sent to is no longer working at this institution and the mail was not forwarded.

Thanking you in consideration for your help in this matter. Should you need more information, please do not hesitate to contact me at 305 539-4765.

Sincerely,

  
Jim Smith  
Vice President