2000 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2000 8:00 am Secretary of State **DOCUMENT # \$97830** JOHN MICHAEL TELLERIA & ASSOCIATES, INC. 05-01-2000 90468 036 ***150.00 Principal Place of Business Mailing Address 111 NE 40 STREET 111 NE 40 STREET MIAMI FL 33137-3511 MIÁMI FL 33137 U U W U UUS 2. Principal Place of Business 3. Mailing Address 2900 S.W. 28th Terrace 2900 S.W. 28th Terrace Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 5th Floor 5th Floor Applied For 4. FEI Number City & State City & State 65-0300501 Miami, FL Not Applicable Miami, FL Zip Country \$8.75 Additional Ζiρ Country 5. Certificate of Status Desired Fee Required 33133 USA 33<u>133</u> <u>US</u>A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Reynardus, Fe E. FRIEDMAN, MICHAEL DEAN Street Address (P.O. Box Number is Not Acceptable) 1674 Bay Road, #405 1401 BRICKELL AVE SUITE 530 MIAMI FL 33131 Miami Beach 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. (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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition Delete TITLE TITLE REYNARDUS, FE E. TELLERIA, JOHN MICHAEL NAME STREET ADDRESS 1674 Bay Road, #405 111 NE 40 STREET STREET ADDRESS CITY-ST-ZIP Miami Beach, FL 33139 CITY-ST-ZIP **MIAMI FL 33137** Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition □ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete 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-7IP 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.

NATURE: Dayling Phone # Dayling Phone #