2000 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2000 8:00 am Secretary of State DOCUMENT # \$98539 1. Entity Name CEDAR SIDE INVESTMENT CO. 05-03-2000 90112 039 ***150 00 Principal Place of Business Mailing Address 1550 N.E. MIAMI GARDENS DRIVE 1550 N.E. MIAMI GARDENS DRIVE SUITE 504 SUITE 504 C0081062 **MIAMI FL 33179** MIAMI FL 33179-4836 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 65-0313365 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BECKHAM, EUGENE G Street Address (P.O. Box Number is Not Acceptable) 1550 N.E. MIAMI GARDENS DRIVE SUITE 504 **MIAMI FL 33179** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable DATE (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 Added to Fees Trust Fund Contribution. X (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPT Change ☐ Addition ☐ Delete TITLE TITLE BECKHAM, EUGENE G. NAME NAME 1550 N.E. MIAMI GARDENS DRIVE, SUITE 504 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33179** CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE GEYER, W.WUNDHAM JR. NAME STREET ADDRESS 200 EAST BROWARD BLVD., 15TH FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33302 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information nental 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 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 13. I hereby certify that the informatio indicated on this report or support the corporation or the receive changed, or on an attachr