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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 18, 2001 8:00 am Secretary of State **DOCUMENT # V05391** AMERICAN FINANCIAL GROUP OF AVENTURA, INC. 01-18-2001 90028 043 ***158.75 Mailing Address Principal Place of Business 2875 NORTHEAST 191ST STREET 2875 NORTHEAST 191ST STREET #601 8643000A NORTH MIAMI BEACH FL 33180 NORTH MIAMI BEACH FL 33180 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0305193 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHISM, EDWARD M. Street Address (P.O. Box Number is Not Acceptable) 2875 N.E. 191ST STREET SUITE 601 **AVENTURA FL 33180** Zip Code City FL 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 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 11. CR2E034 (10/00) ☐ Addition Change ☐ Delete TITLE TITLE CHISM, EDWARD II NAME NAME **2875 NE 191ST STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N MIAMI BEACH FL ☐ Addition ☐ Change TITLE ☐ Delete CHISM, EDWARD M. NAME NAME STREET ADDRESS **2875 NE 191ST STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N MIAMI BEACH FL -☐ Addition ☐ Change ☐ 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 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete 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 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