2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am Secretary of State DOCUMENT # V07230 1. Entity Name MIAMI BEACH INVESTORS GROUP, INC. 04-17-2002 90060 047 ***150 00 Mailing Address Principal Place of Business 2353 S.W. 11 TERRACE 2353 S.W. 11 TERRACE MIAM! FL 33135 MIAM! FL 33135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0313705 Not Applicable \$8.75 Additional Zip 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 TACORONTE, CARMEN Street Address (P.O. Box Number is Not Acceptable) 2353 S.W. 11 TERR. **MIAMI FL 33135** 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. (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, 2002 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 12. 11. CR2E034 (9/01) ☐ Change ☐ Addition TITLE ☐ Delete TITLE LEBLANC, ALICIA NAME NAME STREET ADDRESS 17141 COLLINS AV APT B STREET ADDRESS MIAMI BCH FL CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME GONZALEZ, ISABEL NAME STREET ADDRESS STREET ADDRESS 2323 SW 11 TERR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33135 ☐ Delete ☐ Change ☐ Addition TITLE TACORONTE, CARMEN NAME NAME STREET ADDRESS STREET ADDRESS 2353 S. W. 11TH TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33135 ☐ Delete TITLE ☐ Change ■ Addition 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 Change ☐ Addition Delete TITLE NAME

13. Thereby 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

TACORONTE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE