2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **V14140** May 05, 2000 8:00 am Secretary of State MYSTIC POINTE REALTY CORP. 05-05-2000 90107 040 ***150.00 Mailing Address Principal Place of Business C/O MICHAEL MOLLOD C/O MICHAEL MOLLOD 40 OLD ORCHARD DRIVE 40 OLD ORCHARD DRIVE WESTON CT 06883 WESTON CT 06883-1309 2. Principal Place of Business ng Address Michael DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0758439 Not Applicable \$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 Name MOLLOD, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) C/O DAYS INN NORTH BEACH 7450 OCEAN TERRACE MIAMI BEACH FL 33141 Zip Code 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. 315 East 73451. Aps. #4 DPT CR2E034 (9/99) Delete TITLE TITLE MOLLOD, MICHAEL A NAME NAME 40 OLD ORCHARD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP! WESTON CT 06883 CITY-ST-ZIP TITI F □ Defete WHITNEY, JULIE NAME NAME 40 OLD ORCHARD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON CT 06883 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

SIGNATURE: