2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # V25100 1. Entity Name CENTURY SERENA LAKES HOMES, INC. 05-10-2001 90117 031 ***150 Mailing Address Principal Place of Business 7270 NW 12 STREET 7270 NW 12 STREET #410 MIAMI FL 33126 MIAMI FL 33126 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0322548 Not Applicable Country **\$8.75** Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REILLY, KEYLA ALBA Street Address (P.O. Box Number is Not Acceptable) 7270 NW 12 STREET #410 **MIAMI FL 33126** 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 (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, 2001 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. Change TITLE Delete TITLE 7270 NW 125t, Set10 NAME RABELL, LUIS NAME STREET ADDRESS STREET ADDRESS 7270 NW 12 STREET STE 410 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33126** Addition Change TITLE TITLE DE LA FUENTE, EMILIANO NAME NAME STREET ADDRESS 7270 NW 12 STREET STE 410 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33126 ☐ Addition S --- -TITLE ☐ Defetē REILLY, KEYLA ALBA NAME NAME 7270 NW 12 STREET STE 410 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 Addition Change ☐ Delete TITLE TITLE IGLESIAS, THOMAS NAME 7270 NW 12 STREET STE 410 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33126** ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: 🗸

CITY-ST-ZIP

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR