2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2001 8:00 am Secretary of State **DOCUMENT # V34821** 1. Entity Name CSMC OF RHODE ISLAND, INC. 05-02-2001 90219 020 ***150.00 Principal Place of Business Mailing Address 3250 MARY STREET 3250 MARY STREET 5TH FLOOR 5TH FLOOR **MIAMI FL 33133** MIAMI FL 33133 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0346225 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEISER, SHERWOOD M Street Address (P.O. Box Number is Not Acceptable) 3250 MARY STREET STE500 **MIAM! FL 33133** 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 \$5.00 May Be 10. Election Campaign Financing 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 ☐ Addition DCP ☐ Delete TITLE WEISER, SHERWOOD M NAME NAME 3250 MARY ST., STE 500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133 Addition Change DAS □ Delete TITI E TITLE WEISER, JUDITH NAME NAME STREET ADDRESS STREET ADDRESS 3250 MARY ST., STE 500 CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33133** ☐ Addition DAS ☐ Delete TITLE Change TITLE LEFTON, DONALD E NAME NAME 3250 MARY ST. STE 500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** ☐ Addition Change ☐ Delete TITLE TITLE FISHER, ROBYN C NAME NAME STREET ADDRESS STREET ADDRESS 3250 MARY STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** ☐ Addition ☐ Change ☐ Delete TITLE TITLE TEMLING, W. PETER NAME STREET ADDRESS STREET ADDRESS 3250 MARY ST., STE 500 CITY-ST-ZIP CITY-ST-ZIP **MIAM! FL 33133** VAS Change ☐ Addition ☐ Delete TITLE TITLE HEWITT, THOMAS F NAME NAME

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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

3250 MARY ST., STE 500

MIAMI FL 33133

STREET ADDRESS

CITY-ST-ZIP

W. Peter Temling, MGR4/17/01

305 445 2493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #