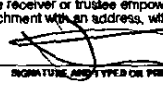


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #V39092																											
1. Entity Name TPC REALTY ADVISORS, INC.																											
Principal Place of Business 2601 S BAYSHORE DRIVE #700 MIAMI, FL 33133 US		Mailing Address 2601 S BAYSHORE DRIVE #700 MIAMI, FL 33133 US																									
2. Principal Place of Business 1111 BRICKELL AVE Suite, Apt. #, etc. 2910 City & State Miami, FL Zip 33131		3. Mailing Address 1111 BRICKELL AVE Suite, Apt. #, etc. 2910 City & State Miami FL Zip 33131																									
4. FEI Number 65-0350527		Applied For Not Applicable																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent WEISS, ANDREW R 2601 S BAYSHORE DRIVE STE 700 MIAMI, FL 33133		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) 1111 BRICKELL AVE 2910 City MIAMI FL Zip Code 33131																									
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. I am familiar with, and accept the obligations of registered agent.																											
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)																											
FILE NOW WITH FEES \$250.00 FILE MAY 1, 2003 Fee will be \$500.00 Make check payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																											
SIGNATURE:  DATE: 4/25/03 309/329-7200 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Darryl W. PARMENTER																											

CORP034 (10/02)

4/30