2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 08, 2000 8:00 am **DOCUMENT # V52296** Secretary of State 4515 PROPERTIES, INC. 03-08-2000 90026 008 ***150.00 Mailing Address Principal Place of Business 3435 N OCEAN BLVD 4525 S. OCEAN BLVD GULFSTREAM FL 33483-7344 HIGHLAND BEACH FL 33487 2. Principal Place of Business 3. Mailing Address 3435 N. OCELN DUUD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0357585 GULFITREAM Not Applicable Zip Country ---\$8.75 Additional 5. Certificate of Status Desired 干しoRIDA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARCAINI, TONIO Street Address (P.O. Box Number is Not Acceptable) 3435 N OCEAN BLVD **GULF STREAM FL 33483** 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 Tax filing requirement and elects to do so. After MAY 1, 2000 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. Change Addition ☐ Delete TITLE ARCAINI, TONIO NAME 3435 N OCEAN BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GULFSTREAM FL 33483** Change Addition ☐ Delete TITLE 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 STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

ARCAINI

3-6-2000 561-279007