2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

SIGNATURE AND TYPED

AME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # V66352 Apr 26, 2000 8:00 am Secretary of State 1. Entity Name LA RAMBLAS DEVELOPMENT CORP. 04-26-2000 90067 008 ***150.00 Mailing Address Principal Place of Business 230 5TH STREET 230 5TH STREET MIAMI BEACH FL 33139-6602 MIAMI BEACH FL 33139 3. Mailing Address 2. Principal Place of Business 1632 Pennsylvania Ave Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State 65-0396944 Not Applicable n:a mi \$8.75 Additional 5. Certificate of Status Desired 33/39 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBINS, CRAIG Street Address (P.O. Box Number is Not Acceptable) 230 5TH STREET MIAMI BEACH FL 33139 Zip Code 33/39 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above nam SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or prin gistered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to sat tangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects t 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 11. OFFICERS AND DIRECTORS 12. DPS ☐ Delete TITLE TITLE ROBINS, CRAIG NAME 1632 Pennsylvania Aue Miami Beach, FL 33139 Change Addition NAME STREET ADDRESS 230 5TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 Delete TITLE TITLE GRETENSTEIN, STEVEN NAME 1632 Pennsylvania Ave miami Beach, Fi 33139 STREET ADDRESS 230 FIFTH STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP styling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director led to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if oplied with this fa 13. I hereby certify that the information indicated on this report or supplement of the corporation or the receiver or tro changed, or on an attachment with an her like empowered.