2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2000 8:00 am Secretary of State **DOCUMENT # M58961** 1. Entity Name GILMOR LAND CORPORATION 05-24-2000 90081 022 ***150.00 Mailing Address Principal Place of Business C/O JOSE R. MORALES C/O JOSE R. MORALES 247 ALMERIA AVENUE 247 ALMERIA AVENUE CORAL GABLES FL 33134-5903 CORAL GABLES FL 33134 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 65-0007518 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORALES, JOSE R. Street Address (P.O. Box Number is Not Acceptable) 247 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code 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. (NOTE: Registered Agent signature required when reinstating) 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 TITLE MORALES, JOSE R. NAME 247 ALMERIA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL** CITY-ST-ZIP ☐ Change DS Addition ☐ Delete TITLE MORALES, GILDA NAME STREET ADDRESS 247 ALMERIA AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

with all other like empowered.

changed, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED NA

SIGNATURE: