FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jan 10, 2001 8:00 am Secretary of State DOCUMENT # 306692 t JEFFERSON PARK REALTY CORPORATION 01-10-2001 90010 021 ***150.00 Principal Place of Business Mailing Address 10101 SUNRISE LAKES BLVD 10101 SUNRISE LAKES BLVD 671030 APT 301 BLDG 155 APT 301 BLDG 155 SUNRISE FL 33322 SUNRISE FL 33321 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1160470 Not Applicable \$8.75 Additional Zip П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOLDBERG, JACK Street Address (P.O. Box Number is Not Acceptable) 10101 SUNRISE LAKES BLVD APT 301 BLDG 155 SUNRISE FL 33322 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) 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 \$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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition CR2E034 (10/00) ☐ Defete NAME NAME GOLDBERG, JACK STREET ADDRESS STREET ADDRESS 10101 SUNRISE LAKES BLVD. APT 301 BLDG 155 CITY-ST-ZIP CITY - ST - ZIP SUNRISE FL 33322 ☐ Change Addition ☐ Delete NAME NAME GOLDGERG, HYMAN STREET ADDRESS STREET ADDRESS 10101 SUNRISE LAKES BLVD., APT. 301 CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33322 ☐ Change ☐ Addition ☐ Delete 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: