2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # 367193 Mar 06, 2000 8:00 am **Secretary of State** OLD BRIDGE PARK CORPORATION 03-06-2000 90098 025 ***150.00 Principal Place of Business Mailing Address P.O. BOX 2547 6605 SW 109TH STREET FT MYERS FL 33902-2547 MIAMI FL 33156 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 59-1353499 Not Applicable Country \$8.75 Additional 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 COBER CORPORATE AGENTS, INC. 2601 SOUTH BAYSHORE DRIVE 19TH_ELOOR MIAMI FL 33133 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 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 TITLE ☐ Delete TITLE SCHENKMAN, JACK NAME NAME STREET ADDRESS 6605 SW 109 ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition ☐ Change TITLE Delete TITLE SCHENKMAN, MIRIAM NAME NAME 6605 SW 109TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 DVP-Delete TITLE TITLE -SCHENKMAN, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 6605 SW 109TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 Addition ☐ Change ☐ Delete TITLE TITLE SCHENKMAN, JOEL NAME NAME 6605 SW 109 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition TITLE TITLE CUTLER, H J NAME NAME STREET ADDRESS 241 SEVILLA AVE - SUITE 805 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL 33134** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.