2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 712942 May 15, 2000 8:00 am 1. Entity Name Secretary of State THE FAIRWAYS SOUTH, INC. 05-15-2000 90295 027 ****61.25 Principal Place of Business Mailing Address 300 N E 14 AVE 300 N E 14 AVE HALLANDALE FL 33009-7429 HALLANDALE FL 33009 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 59-1236701 Not Applicable Country \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FERRANTE, SAL 300 NE 14TH AVE. HALLANDALE FL 33009 Zip Code City 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 ्राह्मात्र स्टब्स SIGNATURE DATE (NQTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. **VPCT** TITLE ☐ Change ☐ Addition ☐ Delete TITLE SIEGFRIED, NUSSBAUM NAME NAME STREET ADDRESS 200 NE 14 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE FERRANTE, SAL NAME NAME STREET ADDRESS 200 NE 14 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL ☐ Change ☐ Addition ST Delete TITLE **BIGAOUETTE, ANTHONY** NAME NAME STREET ADDRESS STREET ADDRESS 300 NE 14 AVE CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL ☐ Change ☐ Addition 🗷 Delete TITLE TITLE NAME **BIGACUETTE, ANTHONY** NAME STREET ADDRESS STREET ADDRESS 300 NE 14 AVE CITY-ST-ZIP HALLANDALE FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITI F NAME GAUDREAU, GILLES NAME STREET ADDRESS STREET ADDRESS 300 NE 14 AVE HALLANDALE FL CITY-ST-ZIP CITY-ST-ZIP Ø ☐ Change Addition TITLE TITLE VPT Delete DON NAME NUSSBAUM, S. NAME LA MARCHE STREET ADDRESS STREET ADDRESS 200 NE 14 AVE 300 CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL HALLAN 12. I hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

Daytime Phone #