2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J11846

1. Entity Name

V.F. 36 HOLDINGS, INC.

FILED May 05, 2001 8:00 am Secretary of State 05-05-2001 90585 001 *4,950.00

Country Country Country Country S. Certificate of Status Desired \$8.75 Additional Fee Required S. Certificate of Status Desired \$8.75 Additional Fee Required S. Certificate of Status Desired \$8.75 Additional Fee Required Street Address of New Registered Agent Name Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	Principal Place of Business BROAD & CASSEL 7777 GLADES RD SUITE 300 BOCA RATON FL 33434 US		Mailing Address BROAD & CASSEL 7777 GLADES RD SUITE 300 BOCA RATON FL 33434 US						
City & State City & State City & State City & State Country Special Count	2. Principal Pl	ace of Business	3. Mailing Address						
Zip Country Zp Country S. Certificate of Status Desired S.75 Additional Fee People State 300 BDCA RATON FL 33434 DEUTCH, JEFFREY A 7777 GLADES RD SITE 300 BDCA RATON FL 33434 End of the purpose of changing its registered Agent, or both, in the State of Florida. Sireat Address (P.O. Box Number is Not Acceptable) City , FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SiGNATURE 9. This corroration is eligible to satisfy its Intaglible Tas filing poles and elects to do so. (See orderia on back) Refer MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE NAME NAME SIREIT ADDRESS CITY-ST-2P TIVE ASD ASD CATTINGER, FRANKLIN J. SIREIT ADDRESS CITY-ST-2P TIVE ASD TIVE ASD ATTO MAY POAL ASD ASD ASD TOWN OF MOUNT ROYAL HAP 2N2 QC CITY-ST-2P TIVE NAME SIREIT ADDRESS CITY-ST-2P TIVE NAME SIREIT	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Country Country Country Country S. Certificate of Status Desired \$8.75 Additional Fee Required S. Certificate of Status Desired \$8.75 Additional Fee Required S. Certificate of Status Desired \$8.75 Additional Fee Required Street Address of New Registered Agent Name Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	City & State		City & State		4.	. FEI Number 59-2651724		Applied For Not Applicable	
DEUTCH, JEFFREY A TYTT GLADES RD STE 300 STE 300 BOCA RATON FL 33434 Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country	5.	Certificate of Status Desired		Additional	
DEUTCH, JEFFREY A 7777 GLADES RO STE 300 BOCA RATON FL 33434 City , FL 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. SIGNATURE Signature 9. This corporation is eligible to satisfy its intangible: Tax fling requirement and elects to do so. (See citiest on back) 11.		6. Name and Address of Current R	egistered Agent	<u> </u>	7. 1	Name and Address of New Regi			
BOCA RATON FL 33434 City / FL Zip Code 6. 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 Signature Topindo number of suptimed agent and stor is spricable. (NOTE: Registered Agent signature Topindo Ag	7777								
SIGNATURE Signature, typed or ipimoid name of registered upon signal title if approaches. (PNOTE Registered Apent signature required who remotating) 9. This corporation is eligible to satisfy its Intangible: Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 POMERANTZ, SAUL 8600 DECARIE BLVD #200 TOWN OF MOUNT ROYAL H4P 2N2 QC ITILE NAME STREET ADDRESS CITY-5T-2P TITLE ASD TOWN OF MOUNT ROYAL H4P 2N2 QC TITLE ASD TOWN OF MOUNT ROYAL H4P 2N2 QC TITLE ASD TOWN OF MOUNT ROYAL H4P 2N2 QC TITLE ASD TOWN OF MOUNT ROYAL H4P 2N2 QC TITLE ASD TOWN OF MOUNT ROYAL H4P 2N2 QC TITLE ASD TOWN OF MOUNT ROYAL H4P 2N2 QC TITLE ASD TOWN OF MOUNT ROYAL H4P 2N2 QC TITLE ASD TOWN OF MOUNT ROYAL H4P 2N2 QC TITLE ASD TITLE ASD TOWN OF MOUNT ROYAL H4P 2N2 QC TITLE ASD TITLE ASD TOWN OF MOUNT ROYAL H4P 2N2 QC TITLE ASD TITLE ASD TOWN OF MOUNT ROYAL H4P 2N2 QC TITLE ASD TITLE ASD TOWN OF MOUNT ROYAL H4P 2N2 QC TITLE ASD TITLE ASD TOWN OF MOUNT ROYAL H4P 2N2 QC TITLE ASD TOWN OF MOUNT ROYAL H4P 2N2 QC TITLE ASD TITLE ASD TITLE ASD TOWN OF MOUNT ROYAL H4P 2N2 QC TITLE ASD TITLE ASD TOWN OF MOUNT ROYAL H4P 2N2 QC TITLE ASD TITLE ASD TOWN OF MOUNT ROYAL H4P 2N2 QC TITLE ASD TITLE ASD TOWN OF MOUNT ROYAL H4P 2N2 QC TITLE ASD TOWN OF MOUNT ROYAL H4P 2N2 QC TITLE ASD TITLE ASD TOWN OF MOUNT ROYAL H4P 2N2 QC TITLE ASD TOWN OF MOUNT ROYAL H4P 2N2 QC TITLE ASD TOWN OF MOUNT ROYAL H4P 2N2 QC TITLE ASD TITLE ASD TOWN OF MOUNT ROYAL H4P 2N2 QC TITLE ASD TOWN OF MOUNT ROYAL H4P 2N2 QC TITLE ASD TOWN OF MOUNT ROYAL H4P 2N2 QC TITLE ASD TOWN OF MOUNT ROYAL H4P 2N2 QC TITLE ASD TOWN OF MOUNT ROYAL H4P 2N2 QC TOWN OF MOUNT ROYAL H4P 2N				City ,			FL Zip C	ode	
Sprinker typed or printed name of registered speint and time if applicables. (NOTE: Registered Apent signature required when remitation) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 16. Election Campaign Financing Trust Fund Contribution. 17. OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 17. OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 17. Change Addition of the company of the	8. The above	named entity submits this statement for	the purpose of changing its	registered office or regi	stered ag	ent, or both, in the State of Florida			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Department of State 11. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. Election Campaign Financing Trust Fund Contribution. \$5.00 Make Check Payable to Department of State Addition 11. Election Campaign Financing Trust Fund Contribution. \$5.00 Make Check Payable to Department of State Addition 11. Election Campaign Financing Trust Fund Contribution. \$5.00 Make Check Payable to Department of State Addition 11. Election Campaign Financing Trust Fund Contribution. \$5.00 Make Check Payable to Department of State Addition 11. Election Campaign Financing \$5.00 Make Check Payable to Department of State Addition 11. Election Campaign Financing \$5.00 Make Check Payable to Department of State Addition 11. Election Campaign Financing \$5.00 Make Check Payable to Department of State Addition 11. Election Campaign Financing \$5.00 Make Check Payable to Department of State Addition 11. Election Campaign Financing \$5.00 Make Check Payable to Department of State Addition 11. Election Campaign Financing \$5.00 Make Check Payable to Department of State Addition 12. Election Campaign Financing \$5.00 Make Check Payable to Department of State	SIGNATURE _	Sichature broad or printed game of registered aneet small	rt title it applicable (NOTE	F- Benistered Acent signature red	uired when re	ainstating)	DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TOWN OF MOUNT ROYAL H4P 2N2 QC TOWN OF MOUNT ROYAL H4P	Tax filing re	equirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00			1	· - +		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ASD DECARIE BLVD #200 TOWN OF MOUNT ROYAL H4P 2N2 QC TOWN OF MOUNT ROYAL H4P 2N2 QC TITLE NAME STREET ADDRESS CITY-ST-ZIP	11.	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO OFFICE	RS AND DIRECTO	ORS IN 11	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not quality 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	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					

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 a potential or the receiver or trustee empowered.

SIGNATURE: