2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 21, 2000 8:00 am **DOCUMENT # K90071** 1. Entity Name **Secretary of State** WOLFSON & KONIGSBURG, P.A. 01-21-2000 90111 007 ***150.00 Principal Place of Business Mailing Address 4491 S. STATE ROAD 7 4491 S. STATE ROAD 7 SUITE 314 SUITE 314 UUUU8794 DAVIE FL 33314 DAVIE FL 33314-4035 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2535658 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KONIGSBURG, ALAN H Street Address (P.O. Box Number is Not Acceptable) 4491 S. STATE ROAD 7 SUITE 314 **DAVIE FL 33314** Zip Code 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE WOLFSON, ANDREA L. NAME NAME STREET ADDRESS STREET ADDRESS 4491 S. S.R. 7, STE 314 CITY-ST-ZIP CITY-ST-ZIP DAVIE FL ☐ Change ☐ Addition TITI F TITLE ☐ Delete KONIGSBURG, ALAN H. NAME NAME STREET ADDRESS 4491 S. S.R. 7, STE 314 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL Change ~ . Addition-Delete_ TITLE NÄME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete JJJLE 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 TITI F ☐ Delete TITLE 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 and wave does not 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 adject, with all other like empowered. SIGNATURE: > SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR