2001 UNIFORM BUSINESS REPORT (UBR) Apr 18, 2001 8:00 am Secretary of State **DOCUMENT # M57247** 1. Entity Name STARBOARD PROPERTIES, INC. 04-18-2001 90097 001 *1.050.00 Principal Place of Business Mailing Address C/O NORMAN BECKER C/O NORMAN BECKER 2404 HOLLYWOOD BLVD. 2404 HOLLYWOOD BLVD. 37983 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2839023 Not Applicable Country 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 Name GORDICH, LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 2404 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!Y FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (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 NAME GORDICH, LAWRENCE STREET ADDRESS STREET ADDRESS 2404 HOLLYWOOD BLVD. CITY-ST-ZIP CITY-ST-ZIF HOLLYWOOD FL ☐ Addition ☐ Delete ☐ Change NAME NAME **EDWARD ANGELOTTI** STREET ADDRESS STREET ADDRESS 2404 HOLLYWOOD BLVD. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STEPHEN GORDICH STREET ADDRESS STREET ADDRESS 2404 HOLLYWOOD BLVD CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FI Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE TITLE NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

🗌 Delete

TT 4/3/0

Daytime Phone #

☐ Change

☐ Addition