2002 UNIFORM BUSINESS REPORT (UBR)

Mar 13, 2002 8:00 am § Secretary of State **DOCUMENT # N03420** 1. Entity Name 03-13-2002 90087 003 ****61 25 909 CENTER CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address C/O MAURICE E. LEVENSON C/O MAURICE E. LEVENSON 3801 HOLLYWOOD BLVD 3RD FLOOR 3801 HOLLYWOOD BLVD 3RD FLOOR HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2420614 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) -- - - - -PORTER, WAYNE R 909 N MIAMI BEACH BLVD SUITE 403 City Zip Code N MIAMI BEACH FL 33162 FI 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 \Box Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (9/01) VP/D ☐ Addition TITLE ☐ Delete TITLE PORTER, WAYNE NAME NAME CR2E037 909 N MIAMI BCH BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N MIAMI BCH FL CITY-ST-ZIP P/D Change ☐ Delete ☐ Addition TITLE TITLE AGNETTI, JOHN NAME agnett, John NAME STREET ADDRESS 909 N MIAMI BEACH BLVD, STE 201 STREET ADDRESS CITY-ST-ZiP N MIAMI BCH FL 33162 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME MOSKOWITZ, JEROME NAME ----STREET ADDRESS STREET ADDRESS 909 N MIAMI BEACH BLVD CITY-ST-ZIP CITY-ST-ZIP N MIAMI BCH FL 33162 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITI F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment wit addre like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED