2002 UNIFORM BUSINESS REPORT (UBR) Feb 11, 2002 8:00 am **DOCUMENT # N34495 Secretary of State** 1. Entity Name FAIRFAX CONDOMINIUM I ASSOCIATION, INC. 02-11-2002 90062 013 ****61.25 Mailing Address Principal Place of Business C/O MWI PROPERTY MANAGEMENT C/O. MWI. PROPERTY MANAGEMENT 4373 ROCK ISLAND RD 4373 ROCK ISLAND RD LAUDERHILL FL 33319 LAUDERHILL FL 33319 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0226176 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) #EFFERBAUM, HARVEY 4373 ROCK ISLAND RD. L'AUDERHILL FL 33319 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (9/01) VD. Change Addition TITLE TITLE ☐ Delete SCHWARTZ, HERBERT NAME NAME 7646 FAIRFAX DR STREET ADDRESS STREET ADDRESS TAMARAC FL CITY-ST-ZIP CITY-ST-ZIP VD Change ☐ Addition ☐ Delete TITLE TITLE HIRSCHBEIN, JACK NAME NAME 7656 FAIRFAX DR STREET ADDRESS STREET ADDRESS TAMARAC FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE --TITLE" SCHERL, ABRAHAM NAME NAME 7680 FAIRFAX DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE FISCH, MARTIN NAME NAME STREET ADDRESS 7648 FAIRFAX DRIVE STREET ADDRESS CITY-ST-ZIP TAMARAC FL CITY-ST-ZIP

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 with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SD

JEFFERBAUM, HARVEY

7642 FAIRFAX DR

TAMARAC FL 33321

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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