2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # N43433 1. Entity Name TVANHOE EAST AT CENTURY VILLAGE CONDOMINIUM #1 A 01-31-2001 90185 022 ****61.25 Principal Place of Business Mailing Address ARISTA SOUTH ARISTA SOUTH 12289 PEMBROKE RD 12289 PEMBROKE RD PEMBROKE PINES FL 33025 PEMBROKE PINES FL 33025 2. Principal Place of Business Mailing Address ten buke Ki Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0271071 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3-Fee Required 6. Name and Address of Current Registered Agent 7._Name and Address of New Registered Agent. DAVIS, CHARLES W. -12289-PEMBROKE RD SUITE 106 PEMBROKE PINES FL 33025 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or SIGNATURE FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete PDV TITLE ☐ Addition HERMAN SIEGEL NAME LEVITAN, BEN NAME 1300 ISW 15CT T-411 STREET ADDRESS 12901 SW 15TH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33027 PEMBROKE PINES, FC 33027 TITLE PD Delete TITLE DST Change ☐ Addition HERMAN, SIEGEL KISHLANSKY, ARTHUR NAME NAME STREET ADDRESS 13001 SW 15TH CT STREET ADDRESS 5-207 13055 SW 15 CT CITY-ST-ZIF PEMBROKE PINES FL 33027 CITY-ST-7IP FC33027 PEMBROKÉ PINES. TITLE Delete TITLE **C**hange ■ Addition TRIPODO, SALVATORE 13000 SWISCT U NAME TRIPODE, SALVATORE NAME STREET ADDRESS 13000 SW 15TH CT STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33027 CITY-ST-7IP PEMBROKE PINES FC 33027 Delete TITLE TITLE ☐ Addition BERGER, A DELE NAME KISHLANSKY, ARTHUR NAME STREET ADDRESS 13055 SW 15TH CT. 12901 SW 15 CT STREET ADDRESS CITY-ST-ZIP PEMBROKE FL 33027 CITY-ST-ZIP PEMBROKE PINES. TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eg

CITY-ST-ZIP

STREET ADDRESS

TITI F

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

SR2E037 (10/00)