2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Sep 25, 2002 8:00 am Secretary of State

DOCUMENT # P01000031130 09-11-2002 90118 024 ***150.00 1. Entity Name STUART LISS, INC. 42988 Principal Place of Business Mailing Address 5160 MAJORCA CLUB DRIVE 5160 MAJORCA CLUB DRIVE **BOCA RATON FL 33404 BOCA RATON FL 33404** WROG 2,PCbVe 33486 2. Principal Place of Business 3. Mailing Address GELBER & COMPANY Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 11450 Interchange Circle North City & SWilliamar, Florida 33025 City & State 4. FEI Number Applied For 65-1091908 Not Applicable Zip Country Zip 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 LISSANSKY, STUART Street Address (P.O. Box Number is Not Acceptable) 5160 MAJORCA CLUB DRIVE **BOCA RATON FL 33404** City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its intangible ^~"FILE*NOW!!!*FEE*IS*\$550:00**** 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Make Check Psyable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PRES TITLE ☐ Delete TITLE ☐ Addition STUART LISSANSKY NAME NAME 5160 MAJORCA CLUB DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE~ ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition MAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-7IP 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 musted 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 or an attachment with at patients, with all other like suppowered.

Attachment 42988 # 101000031130 VO- STATE OF FLORILLA Topsking You in Alunco