FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2002 8:00 am secretary of State P01000098236 DOCUMENT # 1. Entity Name 04-23-2002 90354 017 ***150.00 ADAM J. TIKTIN, P.A. Principal Place of Business Mailing Address 4041 W COMMERCIAL BLVD SUITS 161 1941-W-COMMERCIAL BLVD SUITE-101 FF-LAUDERDALE FL 98800 FF-LAUDERDALE PL 33309 2. Principal Place of Business 3. Mailing Address ルピ 41 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 202 Applied For Not Applicable 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 TIKTIN; ADAM J 1941 W COMMERCIAL BLVD SUITE 191 FT LAUDERDALE FL 93309 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. SIGNATÚRE Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) 2 ettange **PVTS** ☐ Addition TITLE TITLE ☐ Delete TIKTIN, ADAM J NAME NAME 1041-W-COMMERCIAL-BLVD-SUITE 191 STREET ADDRESS STREET ADDRESS ET-LAUDERDALE FL 33309 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change --- Addition-Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR