FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jan 23, 2003 8:00 am **Secretary of State** P02000114453 DOCUMENT # 1. Entity Name 01-23-2003 90105 050 ***150.00 709 GROUP, INC. Principal Place of Business Mailing Address 1523 SW 21ST AVENUE 1523 SW 21ST AVENUE FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 02-0650191 Not Applicable Zip Country Zip 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 Robert A Engel Street Address (P.O. Box Number is Not Acceptable) SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 1523 SW 21st Avenue 4TH FLOOR MIAMI FL 33145 -City Zip Code Ft. Lauderdale 33312 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) Robert A. Engel, President FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME ENGEL, ROBERT A NAME STREET ADDRESS STREET ADDRESS 1523 SW 21ST AVENUE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☐ Change TITLE ☐ Delete TITLE VD ☐ Addition NAME **BORUFF. STEPHEN** NAME STREET ADDRESS STREET ADDRESS 1523 SW 21ST AVENUE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 TITLE ☐ Delete TITLE ` □ ` Change Addition STD NAME ENGEL, GARY R NAME STREET ADDRESS STREET ADDRESS 1523 SW 21ST AVENUE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS

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 607, 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

URE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2003 954-583-1109 January 15,