2002 Uniform Business Report (UBR)

Mar 27, 2002 8:00 am § Secretary of State DOCUMENT # P93000000797 1. Entity Name 03-27-2002 90045 013 ***150.00 KELLEY, KRONENBERG, GILMARTIN, FICHTEL & WANDER, P.A. Mailing Address Principal Place of Business 8201 PETERS ROAD 8201 PETERS ROAD SUITE 4000 **SUITE 4000** FT. LAUDERDALE FL 33324 FT. LAUDERDALE FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0378773 Not Applicable Country Zip 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 KRONENBERG, STEVEN P Street Address (P.O. Box Number is Not Acceptable) 15600 NW 67TH AVE MIAMI LAKES FL 33014 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Change TITLE NAME NAME WANDER, HOWARD L STREET ADDRESS STREET ADDRESS 8201 PETERS RD. STE 4000 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33324 ☐ Addition ☐ Change TITLE □ Delete TITLE NAME NAME KRONENBERG, STEVEN P. STREET ADDRESS STREET ADDRESS 15600 NW 67TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL TITLE Change Addition ☐ Delete TITLE NAME NAME FICHTEL, MICHAEL J STREET ADDRESS STREET ADDRESS 8201 PETERS ROAD, SUITE 4000 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33324 ☐ Addition TITLE Change TITLE ☐ Delete ŃΡ NAME NAME GILMARTIN, KAREN M STREET ADDRESS STREET ADDRESS 8201 PETERS RD STE 2000 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33324 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME WANDER, HOWARD L STREET ADDRESS STREET ADDRESS 8201 PETERS ROAD CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL 33324 Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trustee explowered 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:

Kronenberg

FILED