2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2002 8:00 am Secretary of State P94000010935 DOCUMENT # 05-06-2002 90057 043 ***150.00 AMSTER, GOMEZ & GOTTFRIED, P.A. Principal Place of Business Mailing Address 412 S.E. 23RD STREET 412 S.E. 23RD STREET FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0472521 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Gottfried, Paul D. GOMEZ, MARCELO R Street Address (P.O. Box Number is Not Acceptable) 412 SE 23RD STREET 412 SE 23rd Street FORT LAUDERDALE FL 33316 Zip Code Ft. Lauderdale 33316 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 PAUL D. GERTFEIED egistered 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 11. CR2E034 (9/01) Addition TITLE ☐ Delete PTD NAME AMSTER, STEVEN R NAME STREET ADDRESS STREET ADDRESS 412 SE 23RD STREET CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☐ Change ☐ Addition Delete TITLE **VD** NAME NAME GOMEZ, MARCELO R STREET ADDRESS STREET ADDRESS 412 SE 23RD STREET CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33316 Change -Addition Delete TITLE NAME NAME GOTTFRIED, PAUL D STREET ADDRESS STREET ADDRESS 412 SE 23RD STREET CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 appowered 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 a regular regist, with all other like empowered.