FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2001 8:00 am DOCUMENT # P94000044834 **Secretary of State** WOLF REALTY CORP. 03-29-2001 90365 030 ***150.00 Principal Place of Business Mailing Address 288-Z SMITH SUNDY ROAD 288-Z SMITH SUNDY ROAD DELRAY BEACH FL 33446 DELRAY BEACH FL 33446 3. Mailing Address 2. Principal Place of Business 14450 SMITH SUNDY > SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0509223 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 MOMBACH, GEOFFREY S Street Address (P.O. Box Number is Not Acceptable) -288-Z SMITH SUNDY RD: **DELRAY BEACH FL 33394** City Zip Code FL 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 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) ☐ Delete TITLE TITLE WOLF, ERIC NAME NAME 14450 Smith Sundy Rd. STREET ADDRESS STREET ADDRESS 288-2 SMITH SUNDY RD. CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33394 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition 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 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.

Eric Wolf

ME OF SIGNING OFFICER OR DIRECTOR