2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # P94000049330 KINGSLEY ARMS APARTMENTS, INC. 03-15-2000 90026 004 ***150.00 Mailing Address 9600 COLLINS AVENUE 1206 9600 COLLINS AVAILE BAL HARBOUR FL 33154 US 2. Principal Place of Business 9601 COLUI 3. Mailing Address COLLINS AVENUE COLLINS AVENUE 9601 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State BAL HARBOUR, FL 4. FEI Number 65-0506785 Applied For BAL HARBOUR, EL Not Applicable 33154 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 JEFFREY PERLOW JEFFREY PERLOW PASSOCIATES
1820 E. HALLANDALE BEACH BLUD.
HALLANDALE, FL 33009 Street Address (P.O. Box Number is Not Acceptable) 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 DATE (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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE TITLE Addition De'ete BERNARD BRUDER NAME NAME 1206. STREET ADDRESS STREET ADDRESS 960 | COLUNS AVENUE 1206 9,00 COLLINS AVE CITY-ST-ZIP BAL HARBOUR, 33154 CITY-ST-ZIP ☐ Delete TITLE NAME NAME GENIA BRUDEL 9600 COLLINS AVE 9601 COLLINS AVENUE 1206 STREET ADDRESS STREET ADDRESS BAL HARBOVE CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #