2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jun 26, 2001 8:00 am DOCUMENT # P95000075353 Secretary of State REAL JEMS PROPERTIES, INC. 06-26-2001 90002 025 ***550.00 Principal Place of Business Mailing Address 453 W CONFERENCE DR 453 W CONFERENCE OR **BOCA RATON FL 33486** BOCA RATON FL 33486 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0609205 Not Applicable 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 Name FEUER, SHERRI Street Address (P.O. Box Number is Not Acceptable) 453 W CONFERENCE DR **BOCA RATON FL 33486** Zip Code 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. DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Addition Change TITLE TITLE ☐ Delete FEUER, JACK W NAME NAME STREET ADDRESS STREET ADDRESS **453 W CONFERENCE DR BOCA RATON FL 33486** CITY-ST-ZIP CITY-ST-ZIP SD ☐ Change Addition ☐ Delete TITLE TITLE ZUCKER, ELIZABETH NAME NAME 3745 NW 23 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33486** CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE FEUER, SHERRI NAME NAME STREET ADDRESS 453 W CONFERENCE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL** ■ Addition ☐ Delete TITLE Change TITLE SHAPRIO, MARK NAME NAME STREET ADDRESS 3745 NW 23RD COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIF ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13.-! 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #