2002 Uniform Business Report (UBR)

FILED Apr 17, 2002 8:00 am § Secretary of State P95000096928 DOCUMENT # 1. Entity Name 27TH AVENUE HOLDINGS, INC. 04-17-2002 90174 036 ***150.00 Principal Place of Business Mailing Address 999 S.W. 27TH AVENUE MR. ALBERT SATZMAN FT. LAUDERDALE FL 33312 6773 INDIANWOOD WAY **BOYNTON BEACH FL 33437** 2. Principal Place of Business 3. Mailing Address 1 SW Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0650250 Not Applicable 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 TOLAND, HOWARD S. Street Address (P.O. Box Number is Not Acceptable) 110 E. BROWARD BLVD. #650 FT. LAUDERDALE FL 33301 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 TITLE D CR2E034 (9/01) Delete TITLE Addition SATZMAN, ALBERT NAME NAME 6773 INDIANWOOD WAY STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 10** CITY-ST-7IP CITY-ST-ZIP DITH SATZMAN Delete ☐ Addition TITLE ☐ Change NAME NAME 773 INDIANWOOD WAY STREET ADDRESS STREET ADDRESS 76.33437 OUNTON BRACH. CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME retereaburg STREET ADDRESS STREET ADDRESS CITY*ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attack yith an addres

SIGNATURE: