2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 21, 2001 8:00 am DOCUMENT # P96000045734 Secretary of State MARK J. LEEDS, P.A. 03-21-2001 90014 040 ***150.00 Principal Place of Business Mailing Address 633 SO. FEDERAL HIGHWAY 633 SO. FEDERAL HIGHWAY 8TH FLOOR 8TH FLOOR FT LAUDERDALE FL 33302 FT LAUDERDALE FL 33302 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0689541 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name LEEDS, MARK J Street Address (P.O. Box Number is Not Acceptable) 633 SO. FEDERAL HIGHWAY 8TH FLOOR FT LAUDERDALE FL 33302 Zip Code City 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) 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, 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 11. OFFICERS AND DIRECTORS ■ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME LEEDS, MARK J STREET ADDRESS STREET ADDRESS 633 SO. FEDERAL HIGHWAY, 8TH FL CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33302 TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE _ Delete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CiTY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE: _

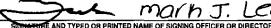
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME



☐ Delete

☐ Change

Addition