

FILED

Feb 28, 2001 8:00 am
Secretary of State

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000060903 1. Entity Name 607 CARRIAGE HOUSE CORPORATION				FILED Feb 28, 2001 8:00 am Secretary of State 02-28-2001 90063 039 ***150.00															
Principal Place of Business 2999 NE 191ST ST., STE. 900 AVENTURA FL 33180				Mailing Address 2999 NE 191ST ST., STE. 900 AVENTURA FL 33180															
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country															
6. Name and Address of Current Registered Agent SCHIFFMAN, ADAM R 2999 NE 191ST ST., STE. 900 AVENTURA FL 33180				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;">FLZip Code</div>															
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.				4. FEI Number 65-0769984 <div style="display: flex; justify-content: space-between;">Applied ForNot Applicable</div>															
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required															
11. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;">TITLE</td><td style="width: 40%;">D SCHIFFMAN, ADAM R</td><td style="width: 50%; text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>2999 NE 191ST ST., STE. 900</td><td></td></tr><tr><td>STREET ADDRESS</td><td>AVENTURA FL 33180</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>				TITLE	D SCHIFFMAN, ADAM R	<input type="checkbox"/> Delete	NAME	2999 NE 191ST ST., STE. 900		STREET ADDRESS	AVENTURA FL 33180		CITY-ST-ZIP			10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
TITLE	D SCHIFFMAN, ADAM R	<input type="checkbox"/> Delete																	
NAME	2999 NE 191ST ST., STE. 900																		
STREET ADDRESS	AVENTURA FL 33180																		
CITY-ST-ZIP																			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;">TITLE</td><td style="width: 40%;"></td><td style="width: 50%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			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.			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
NAME																			
STREET ADDRESS																			
CITY-ST-ZIP																			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				2/22/01 (305) 682-1328 Date Daytime Phone #															