2000 UNIFORM BUSINESS REPORT (UBR) 97000091183 Jun 09, 2000 8:00 am **Secretary of State** 06-09-2000 90004 041 ***150.00 Principal Place of Business 2455 E SUNRISE BLVD 2455 E SUNRISE BLVD SUITE 502 SUITE 502 LAUDERDALE FL 33304 LAUDERDALE FL 33304-3108 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 65-0789230 Not Applicable Zic Country 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 <u>ş</u>chnitzer, gerald s Street Address (P.O. Box Number is Not Acceptable) 2455 E SUNRISE BLVD SUITE 502 LAUDERDALE FL 33304 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 Florica. 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 STEELED 10. Election Campaign Financing Tax filing requirement and elects to do so. **\$5.00** May Be 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete CR2E034 (9/99) Acdition BASS, VERNON NAME STREET - IDSESS 2455 E SUNRISE BLVD. STE 502 STREET ADDRESS CITY-ST-TP LAUDERDALE FL 33304 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Acdition NAME SCHNITZER, GERALD S. NAME STREET - CORESS 2455 E. SUNRISE BLVD #502 STREET ADDRESS CITY-ST-ILP FT. LAUDERDALE FL 33304 CITY - ST - 7IP TITLE Delete TITLE Addition ÎÎÂLIE. NAME STREET 400RESS STREET ADDRESS CITY-ST-EP CITY-ST-ZIP ☐ Delete Change Addition -IREET ADDRESS STREET ADDRESS ...-ST-ZIP CITY-ST-ZIP .111£ ☐ Delete Change ☐ Addition 400RESS STREET ADDRESS mry ST TP CITY-ST-ZIP Delete TITLE Change Agaition MAME ::::L1: 4DDRESS STREET ADDRESS CITY-ST-7IP 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 accears in Slock 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNI

FICER OR DIRECTOR