## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P98000032445 FFT LIVINGSTONE INVESTORS, INC. 4-02-2001 90056 010 \*\*\*158.75 Principal Place of Business Mailing Address 5307 RANDOLPH ROAD 5307 RANDOLPH ROAD ROCKVILLE MD 20952 ROCKVILLE MD 20952 A0039891 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 52-2130019 Not Applicable Zip 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 RICHARD YOVANOVICH, ESQ. RAPOPORT, ALLEN J GOODLETTE, COLEMAN & JOHSON, P.A. 999 PONCE DE LEON BOULEVARD NORTHERN TRUST BANK BUILDING **SUITE 1110** 4001 TAMIAMI TRAIL NORTH **CORAL GABLES FL 33134** NAPLES, FL 34103 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. 16.CHARD 2)21/01 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete Change ☐ Addition TITLE TECK, BRUCE J NAME NAME 5307 RANDOLPH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ROCKVILLE MD 20952** TITLE ☐ Addition TITLE ☐ Delete Change FALLER, CHARLES S JR. NAME NAME 5307 RANDOLPH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROCKVILLE MD 20952 CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE FALLER, CHARLES S 111 NAME NAME 5307 RANDOLPH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ROCKVILLE MD 20952** CITY-ST-ZIP TITLE Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 filling 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.

BRUCE J. TECK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR