FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 23, 2002 8:00 am 8 Secretary of State P98000042553 DOCUMENT # 1. Entity Name DAVID STEWART, INC. Principal Place of Business Mailing Address 4161 NORTHEAST 26TH AVENUE 4161 NORTHEAST 26TH AVENUE FT LAUDERDALE FL 33308-5700 FT LAUDERDALE FL 33308-5700 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0834492 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 🚤 📥 🚐 6. Name and Address of Current Registered Agent **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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) 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, 2002 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 11. 12. PTD Y TITLE ☐ Delete TITLE Change ZUCKÉRMAN, STEWART D NAME NAME STREET ADDRESS 4161 NORTHEAST 26TH AVENUE STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33308-5700 CITY-ST-ZIP Change ☐ Addition TITLE VSD ☐ Delete TITLE NAME ZUCKERMAN, PAT B NAME STREET ADDRESS STREET ADDRESS 4161 NORTHEAST 26TH AVENUE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33308-5700 TITLE Delete -TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

1 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

**SIGNATURE:**