2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

May 11, 2001 8:00 am Secretary of State DOCUMENT # P9900001830 CLM PROPERTIES, INC. 05-11-2001 90044 006 ***150.00 Principal Place of Business Mailing Address 23257 LAGO MAR CIR 23257-LAGO-MAR-CIR-BOGA RATON FL-30493 BOCA RATON FL 98493 2. Principal Place of Business 3. Mailing Address 1080 5.W. 20th AUF 3610 F15CAL DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0895644 Not Applicable \$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 BAGDASARIAN, RICHARD C ESQ. Street Address (P.O. Box Number is Not Acceptable) 1800 CORPORATE BLVD NW, STE 302 **BOCA RATON FL 33431** 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 TITLE ☐ Delete TITLE Change Addition NAME MARINO, FRANK R NAME STREET ADDRESS 23257 LAGO MAR CIR STREET ADDRESS CITY-ST-7IP CITY-ST-7IP **BOCA RATON FL-33433** TITLE Delete TITLE ☐ Addition CRADDOCK, J. DAVID NAME NAME 6914 141ST LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS 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