2002 UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2002 8:00 am P99000100498 DOCUMENT # **Secretary of State** 1. Entity Name 01-16-2002 90204 002 ***150 00 KROYWEN ASSOCIATES INC. Principal Place of Business Mailing Address 3230 STIRLING RD. 3230 STIRLING RD. HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. SUITE #1 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE #1 City & State City & State 4. FEI Number Applied For 65-0963662 Not Applicable Zip Country Zip 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 ENGELBERG & MILGRIM, P.L. ENGELBERG, CANTOR & LEONE, P.A. Street Address (P.O. Box Number is Not Acceptable) MORRIS ENGELBERG 3230 STIRLING RD. HOLLYWOOD FL 33021 3230 STIRLING ROAD, SUITE #1 HOLLYWOOD . Zip Gade 21 purpose of changing its registered office or registered agent, or both, in the State of Florida 01/07/02 SIGNATURE nd title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 $\cdot \square$ 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 ENGELBERG, MORRIS ESQ. NAMÉ NAME 3230 STIRLING RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Detete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 reportor 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 of the receiver or this teel 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 a large per with an accuracy with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

MORRIS ENGELBERG

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/02

(954) 966-3900

(10/6)

FILED