2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 23, 2002 8:00 am Secretary of State DOCUMENT # S59462 1. Entity Name ENTIN, MARGULES & DELLA FERA, P.A. 01-23-2002 90023 040 ***150.00 Principal Place of Business Mailing Address 200 E. BROWARD BLVD. 200 E. BROWARD BLVD. STE. 1210 STE. 1210 FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address 110 S.E. 110 S.E. 6 ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0267210 T. LAUDER DAL AUDEDDALE Not Applicable Country A \$8.75 Additional Zip Countrý Zip 5. Certificate of Status Desired 33301 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARGULES, LEON R 280 E. BROWARD BLVD. STE 1210 110 SE 6 55. # 1976 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33301 City Zip Code FL 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 Fiorida. **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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) Change ☐ Addition entin, alvin e NAME NAME 15621 SW 12 STREET STREET ADDRESS STREET ADDRESS Pembroke Pines FL 33027 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MARGULES, LEON R. NAME NAME 1248 MANOR COURT STREET ADDRESS STREET ADDRESS Fort Lauderdale FL 33326 CITY-ST-7IP 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Daytime Phone #