2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State
01-31-2001 90265 043 ****61.25

DOCUMENT # 754306

1. Entity Name

WOODLAKE ISLES, INC.

Principal Place of Business	Mailing Address
C/O MIAMI MANAGEMENT. INC. 1189 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33323 US	C/O MIAMI MANAGEMENT. INC. 1189 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33323 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o CONSOLIDATED COMM. MGMT	c/o CONSOLIDATED COMM. MGMT
Suite, Apt. #, etc.: 10034 W. McNAB ROAD	Suite, Apt. #, etc.: 10034 W. McNAB ROAD
City & State: TAMARAC, FLORIDA	City & State: TAMARAC, FLORIDA
Zip: 33321-1815 Country: BROWARD	Zip: 33321-1815 Country: BROWARD

4. FEI Number 59-2084807 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MIAMI MANAGEMENT INC
1189 SAWGRASS CORPORATION PARKWAY
SUNRISE FL 33323

7. Name and Address of New Registered Agent

Name: CONSOLIDATED COMMUNITY MANAGEMENT, INC.
Street Address (P.O. Box Number is Not Acceptable): 10034 W. McNAB ROAD
City: TAMARAC FL Zip Code: 33321-1815

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] JAMES MILES (PRES.) DATE: 1/21/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASD SHLOSS, JAN 705 BANKS ROAD MARGATE, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT GARY WHALEN 725 BANKS ROAD MARGATE, FL 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MUCHNICK, SID 687 BANKS RD MARGATE, FL 00000	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT GLENN LAUREN 671 BANKS ROAD MARGATE, FL 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHINARIS, JERRY 717 BANKS ROAD MARGATE FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR LEO COMISKEY 767 BANKS ROAD MARGATE, FL 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROSS, SHARON 743 BANKS RD MARGATE, FL 00000	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DORAN, HILDA 741 BANKS RD MARGATE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gary Whalen SIGNATURE REQUIRED 1-15-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #