2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 22, 2001 8:00 am Secretary of State DOCUMENT # P0000066351 SOUTH FLORIDA PROPERTY MAINTENANCE CORP. 02-22-2001 90002 046 ***150.00 Principal Place of Business Mailing Address 2101 NW CORPORATE BLVD SUITE 325 2101-NW CORPORATE-BLVD-SUITE-325 BOCA RATON FL 99431 BOCA-RATON FL 33431 2. Principal Place of Business 3. Mailing Address 2300 GLABES ROAL 2300 GLADES ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 307-E SVITE 307-€ City & State City & State 4. FEI Number Applied For FLORIDA BOCA RATON RATON 65-1022804 BOCA Not Applicable Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired B5431=8538 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANDREW ANDREW MERLO, P.A. Street Address (P.O. Box Number is Not Acceptable) 2101 NW CORPORATE BLVD SUITE 325 BOGA-RATON FL 33431 ROAD SUITE 307-E Zip Code 33 **43/-8**538 atatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) D X Change TITLE ☐ Delete TITLE \mathcal{L}_{1} , \mathcal{P}_{1} , \mathcal{L}_{2} ANDREW MERLO MERLO, ANDREW NAME NAME 2300 GLADES ROAD, SUTTE 307-E STREET ADDRESS STREET ADDRESS 2101 NW CORPORATE BLVD SUITE 325 BOCA RATON , FL 3343/-8538 CITY-ST-7IP CITY-ST-7IP BOCA-RATON-FL-33431 ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS .CITY .- ST = ZIP_ CITY-ST-ZIP. ☐ Delete 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-ZIE ☐ Delete TITLE ☐ Chapne ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I 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 changed, or on an attachment with an address, with all other like empowered.

ANDROW MERLO, PROGRAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED