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2002 UNIFORM BUSINESS REPORT (UBR)

Jan 24, 2002 8:00 am § Secretary of State **DOCUMENT # 708146** 1. Entity Name 01-24-2002 90181 027 ****61 25 HILLSBORO COLONNADE, INC. Principal Place of Business Mailing Address 1161-A1A HILLSBORO BEACH FL 33062 HILLSBORO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1167815 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 Name Street Address (P.O. Box Number is Not Acceptable) POLIAKOFF, GARY A. 3111 STIRLING ROAD FT. LAUDERDALE FL 33312 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 Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TD ☐ Delete TITLE ☐ Change ☐ Addition NAME HENNING, DONNA NAME STREET ADDRESS 1161 HILLSBORO MILE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILLSBORO BCH. FL ☐ Delete TITLE Change ☐ Addition NAME HENNING, HOWARD MAME STREET ADDRESS 1161 HILLSBORO MILE STREET ADDRESS CITY-ST-ZIP HILLSBORO BCH. FL CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition WILLIAMS, SCOTT NAME NAME STREET ADDRESS 1161 OCEAN BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILLSBORO BCH. FL TITLE _ Delete - _ TITLE ☐ Change - - ☐ Addition NAME ventura. Peter NAME STREET ADDRESS 1161 OCEAN BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILLSBORO BCH. FL TITLE TITLE Delete ☐ Change Addition NAME THOMAS, MAJORIE NAME STREET ADDRESS 1161 HILLSBORO MILE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILLSBORO BCH FL Addition TITLE ☐ Delete TIT! F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 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: \$\frac{4}{3}