FILED Mar 17, 2003 8:00 am Secretary of State 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBF** P97000017560 **DOCUMENT #** 03-17-2003 90113 039 ***150.00 1. Entity Name ABRAM LEWKOWICZ REALTY, INC. Mailing Address Principal Place of Business 437 GOLDEN ISLES DR. 437 GOLDEN ISLES DRIVE SUITE 16E HALLANDALE FL 33009 HALLANDALE FL 33009 US US 3. Mailing Address 2. Principal Place of Business 3061 Exeter 3061 Exeten Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Applied For City & State City & State 65-0829647 Not Applicable OC A BOCA Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ABRAM ew Kowicz Street Address (P.O. Box Number is Not Acceptable) PERLMAN, MARK 1820 EAST HALLANDALE BEACH BLVD. Exeten HALLANDALE FL 33009 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. I am familiar with, and accept withe obligations of registered SIGNATURE 🔀 FILÉ NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing 1 3 After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. Addition **Change** TITLE ☐ Delete PD TITLE Lewkowicz, Abran MARKE LEWKOWICZ, ABRAM NAME 3061 txeler 0 STREET ADDRESS 437 GOLDEN ISLES DRIVE STREET ADDRESS CITY-ST-7IP HALLANDALE FL 33009 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empowered

NAME STREET ADDRESS

NAME

CITY-ST-ZIP

STREET ADDRESS

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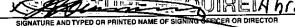
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Daytime Phone #

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