2003 FOR PROFIT CORPORATION

May 05, 2003 8:00 am g Secretary of State **UNIFORM BUSINESS REPORT (UBR** F32509 DOCUMENT # 05-05-2003 90292 003 ***550.00 1. Entity Name BRUCE S. ROGOW P.A. Principal Place of Business Mailing Address 2441 S.W. 28TH AVE. 2441 S.W. 28TH AVE. FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2086944 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROGOW, BRUCE S Street Address (P.O. Box Number is Not Acceptable) 2441 SW 28TH AVE. FT LAUDERDALE FL 33312 City Zip Code 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 the obligation BNUCE S. SIGNATURE ered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PTD ☐ Delete TITLE Change Addition ROGOW, BRUCE S NAME NAME STREET ADDRESS 2441 SW 28TH AVE. STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP TITLE **VSD** ☐ Delete TITLE ☐ Change Addition NAME STEINBURG, JACQUELYN NAME STREET ADDRESS STREET ADDRESS 2441 SW 28TH AVE. CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL TITLE - □ Delete -TITLE Change _ Addition SD LOVING, JACK R (ASST) NAME NAME STREET ADDRESS 1323 S.E. 3RD AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete Addition NAME NAME

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 the report as required by Chapter 607, 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP