2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 21, 2000 8:00 am DOCUMENT # 271479 1. Entity Name Secretary of State RO-LEN LAKE GARDENS "R" CORPORATION 03-21-2000 90044 037 ***150.00 Mailing Address Principal Place of Business 714 SOUTHWEST 11TH AVENUE 714 SOUTHWEST 11TH AVENUE HALLANDALE FLA 33009-6755 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0966885 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent --- SCHNEIDER, ANNA---Street Address (P.O. Box Number is Not Acceptable) 920 SW 10TH TERRACE HALLANDALE FL 33009 Zip Code City F۱ 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 _ 💥 (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition ☐ Delete TITLE OOKASIN, GIL VESCE, JOSEPH NAME NAME STREET ADDRESS 920 SW 10TH TERR 2 STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP Addition STD Change TITLE ☐ Delete TITLE VESCE, RITA NAME NAME STREET ADDRESS 920 SW 10TH TERR APT. 2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL DVP Delete TITLE TITLE **BISSONETTE, JACKIE** NAME NAME STREET ADDRESS 920 SW 10TH TERR APT 6 STREET ADDRESS CITY-ST-ZIP HALLANDALE, FL 00000 CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE VINETTE, JOCOLYN NAME NAME 920 SW 10 TERR HR21 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL ☐ Addition ☐ Change TITLE • ___.Delete GAMBINO, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 920 SW 10TH TERR R3 CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL Change Addition ☐ Delete TITLE TITLE NAME

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

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