## 2002 Uniform Business Report (UBR)

SIGNATURE:

## Mar 28, 2002 8:00 am Secretary of State DOCUMENT # 386319 1. Entity Name 03-28-2002 90150 038 \*\*\*150.00 PRUDENT PROPERTY MANAGERS, INC. Principal Place of Business Mailing Address 300 Seventy First St. 300 Seventy First Street Suite 302 Suite 302 Miami Beach, FL 33141 Miami Beach, FL 33141 2. Principal Place of Business 3. Mailing Address 300 Seventy First St Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 302 City & State City & State 4. FEI Number Applied For Miami Beach 59-1399710 Not Applicable 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 HILDEBRANDT, MARK H Street Address (P.O. Box Number is Not Acceptable) 300 71ST STREET STE 302 MIAMI BEACH FL 33141 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. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME HILDEBRANDT, SANFORD NAME STREET ADDRESS 300 71ST STREET STE 302 STREET ADDRESS CITY-ST-7IP MIAMI BEACH FL 33141 CITY-ST-ZIP TITLE SD ☐ Delete TITLE □ Change ☐ Addition NAME HILDEBRANDT, LOIS NAME STREET ADDRESS 300 71ST STREET STE 302 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33141 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME HILDEBRANDT, MARK H NAME STREET ADDRESS 300 71ST STREET STE 302 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33141 CITY-ST-ZIP TITLE Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT! F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED