FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 20, 2001 8:00 am **DOCUMENT # 396820 Secretary of State** SUMMIT REALTY AND DEVELOPMENT CORP. 02-20-2001 90076 036 ***150.00 Principal Place of Business Mailing Address 6700 N.W. BROKEN SOUND PARKWAY 6700 N.W. BROKEN SOUND PARKWAY SUITE 201 SUITE 201 **BOCA RATON FL 33487 BOCA RATON FL 33487** 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 59-1381305 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired - - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FAUST, MARC L Street Address (P.O. Box Number is Not Acceptable) 2699 S BAYSHORE DRIVE SUITE 700A MIAMI FL 33133 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12, Change Addition TITLE ☐ Delete GULISANO, FRANK J. NAME NAME STREET ADDRESS 2914 BANYAN BLVD CIR NW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Delete TITLE TITLE NAME **GULISANO, CAROLE** NAME STREET ADDRESS 2914 BANYAN BLVD CIR NW STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 tropice 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.

LE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 1 3 2001