2001 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2001 8:00 am Secretary of State DOCUMENT # 402779 1. Entity Name 1670 SOUTH CONGRESS, INC. 01-30-2001 90099 022 ***150.00 Mailing Address Principal Place of Business 155 JOG ROAD 155 JOG ROAD **U I I I I I** WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1400921 Not Applicable **\$8.75** Additional - ~ Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLASH, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 155 JOG ROAD WEST PALM BEACH FL 33415 Zip Code City 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) 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME SUSAN, WEISS A. STREET ADDRESS STREET ADDRESS 1670 SO CONGRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33406 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME BLASH, PATRICIA STREET ADDRESS STREET ADDRESS 1670 SO CONGRESS AVENUE CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33406 Addition ☐ Change TITLE ☐ Delete TITLE ST NAME NAME BLASH, TIMOTHY STREET ADORESS STREET ADDRESS 1670 CONGRESS AVENUE CITY-ST-ZIP CITY-ST-ZIP W. PALM BCH FL 33406 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 OF DIRECTOR

FILED