2000 UNIFORM BUSINESS REPORT (UBR) Mar 13, 2000 8:00 am DOCUMENT # 419888 **Secretary of State** STRAND REALTY, INC. 03-13-2000 90033 030 ***150.00 Mailing Address Principal Place of Business 11144 BOCA WOODS LANE 11144 BOCA WOODS LANE BOCA RATON FL 33428-1818 **BOCA RATON FL 33428** PARCPAR2. Principal Place of Business 3. Mailing Address 10351 SUNSET BEND DR 10351 SUNJET BEND DR Suité, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 59-1512922 Not Applicable TATAN MATON \$8.75 Additional 5. Certificate of Status Desired Alm BEACH ALM DEACH Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEVINE LEVINE, RICHARD Street Address (P.O. Box Number is Not Acceptable) 11144 BOCA WOODS LANE **BOCA RATON FL 33428** 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) 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. 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. Addition TITLE TITLE Delete LEVINE, RICHARD NAME NAME 10351 SUNSET BEND DR. BOCA KATON FL. 33428 11144 BOCA WOODS LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP **BOCA RATON FL 33428** CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE □ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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: SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date