FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 07, 2002 8:00 am Secretary of State 441658 DOCUMENT # 1. Entity Name 05-07-2002 90352 024 ***150 00 MEISENBERG & BERG, INC. Mailing Address Principal Place of Business 7343 N.W. 45TH AVENUE 7343 N.W. 45TH AVENUE COCONUT CREEK FL 33073 COCONUT CREEK FL 33073 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1539173 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MEISENBERG, AL Street Address (P.O. Box Number is Not Acceptable) 7343 N.W. 45TH AVENUE **COCONUT CREEK FL 33073** Zip Code City FI 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) Signature, typed or printed name of registered agent and title if applicable. FILE:NOW!!!: FEE:IS:\$160:00= 9: This:corporation:is.eligible;to-satisfy:its:Intangible= 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 12. 11. ☐ Change TITLE TITLE ☐ Delete 5656 N.W. 122 MOTERRACE NAME NAME MEISENBERG,AL 7343 N.W. 45TH AVENUE STREET ADDRESS STREET ADDRESS CORAL SPRINGS, FL CITY-ST-ZIP COCONUT CREEK FL CITY-ST-ZIP SENBERG-GOCAY, PAMETA 3 NW 45# AVE ☐ Delete TITLE NAME NAME MEISENBERG, DORIS STREET ADDRESS 7343 N.W. 45TH AVENUE STREET ADDRESS COCONUT CREEK CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLÉ ☐ Delete TITLE NAME

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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 addition, with all other the empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP