2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2001 8:00 am Secretary of State DOCUMENT # 454703 PETER HARVEY LTD. INC. 01-29-2001 90090 008 ***163.75 Principal Place of Business Mailing Address 21205 YACHT CLUB DR 21205 YACHT CLUB DR 10012843 **AVENTURA FL 33180 AVENTURA FL 33180** US 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 59-1649288 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 LORD, SANFORD M. Street Address (P.O. Box Number is Not Acceptable) 21205 YACHT CLUB DR **AVENTURA FL 33180** 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, 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD TITLE □ Delete TITLE Change ☐ Addition LORD, SANFORD NAMÉ NAME 21205 YACHT CLUB DR #705 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **AVENTURA FL 33180** CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition LORD, MICHELE R NAME NAME 2025 BROADWAY, APT 2E STREET ADDRESS STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP CITY-ST-ZIP STD TITLE ☐ Delete TITLE ☐ Change ☐ Addition LORD, MARILYN R. LORD, MARILYN R. NAME NAME 21205 YACHT CLUB DR. #701 AVENTUPA, FL 33180 ADDRESS 3000 MYSTIC POINTE DRIVE-STREET ADDRESS STREET ADDRESS INCORRECT NO: MIAMI-BEACH Pt. 33180 CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Defete ☐ Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 truetee 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, withful other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

SANFORD M. LORD NAME OF SIGNING OFFICER OR DIRECTOR