2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 14, 2002 8:00 am DOCUMENT # 489738 Secretary of State 1. Entity Name GMB PROPERTIES, INC. 02-14-2002 90081 021 ***150.00 Principal Place of Business Mailing Address -6682 VISTA LINDA LANE" -P.O. BOX:8803817 **EOCA RATON FL 33433** BOCA RATON FL 33488 us Principal Place of Business 3. Mailing Addysss Bunt Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-1659061 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BIRMEIJN, ROBERT JR. aox Number -6082 VISTA LINDA LANE---- BOCA-RATON FL 33433 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) DATE 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, 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE CR2E034 (9/01) Delete TITLE Change Addition BIRMELIN, ROBERT C. NAME NAME STREET ADDRESS 6082 VISTA LINDA LANE STREET ADDRESS CITY-ST-ZiP **BOCA RATON-FL** CITY-ST-ZIP TITLE SD ☐ Delete TITLE ☐ Addition NAME BIRMELIN, REGINA C NAME STREET ADDRESS 6082 VISTA LINDA LANE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP TITLE TD ☐ Delete TITLE Change ☐ Addition NAME BIRMELIN, ROBERT C., JR. NAME STREET ADDRESS 6082 VISTA LINDA LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP BOCA RATON FL TITI F □ Delete TITLE ☐ Addition NAME BIRMELIN, PHILIP S. NAME STREET ADDRESS 6082 VISTA LINDA-LANE STREET ADDRESS. CITY-ST-ZIP BOCA RATON FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does no 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 empewered to be cut this proof of the corporation or the receiver or trustee empewered to be cut to the corporation of the receiver or trustee empewered to be cut to the cut to changed, or on an attachment

CITY-ST-ZIP

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR