## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 26, 2001 8:00 am Secretary of State DOCUMENT # 554344 KURZBAN, KURZBAN & WEINGER, P.A. 03-26-2001 90029 002 \*\*\*150.00 Principal Place of Business Mailing Address 2650 S.W. 27TH AVE.. 2650 S.W. 27TH AVE.. 2ND FLOOR 2ND FLOOR MIAMI FL 33133 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1778659 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KURZBAN, IRA J. Street Address (P.O. Box Number is Not Acceptable) KURZBAN, KURZBAN & WEINGER P.A., 2650 SW 27TH AVE., 2ND FL., **MIAMI FL 33131** 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 DATE 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 (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 Addition Delete TITLE TITLE WEINGER, STEVEN M NAME NAMÉ STREET ADDRESS 2650 SW 27TH AVE. 2ND FL STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 CITY-ST-ZIF ☐ Change Addition VSD. TITLE ☐ Delete TITLE NAME Kurzban, Ira J NAME STREET ADDRESS 2650 SW 27TH AVE. 2ND FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 ☐ Change Addition ☐ Delete TITLE KURZBAN, MARVIN NAME NAME 2650 SW 27TH AVE. 2ND FL STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP MIAMI, FL 0 Change Addition TITLE ☐ 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-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

3. 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 AND TIPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

3/23/01

Daytime Phone #