2001 UNIFORM BUSINESS REPORT (UBR) DQCUMENT # 586670 Apr 24, 2001 8:00 am Secretary of State CARPARATION AWRIA 04-24-2001 90029 013 \*\*\*158.75 Principal Place of Business Mailing Address 40 ALEXANDER ROSENFELD 18260 NE 19TH AVENUE A0055097 MORTH MIDHI BEACH, FL 33162 2. Principal Place of Business 3. Mailing Address GO ALMANDER ROSENFELD.
Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 18260 NE 19TH AVENUE City & State 4. FEI Number Applied For NORTH MIDAI BEAGE, FL <u>591847439</u> Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Alexander ROSENFELD 18260 NE 19D AVE Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI BEACH, FL 33162 City Zip Code 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) DATE 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. П 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 TOEL ROTH - 40 ALEXANDER ROSENFELD Addition 18620 NE 19 TO BVE P/D
JOEL ROTH C/OATEXANDER ROSENFELD
18260 NE 1979. AVE
2-NA EL 33162 TITLE NAME NAME STREET ADDRESS STREET ADDRESS NORTH MINNI BEACH, FL 33/62 CITY-ST-7IP NORTH MIDMI BUDGE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 reports 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 explowered 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. JOEL ROTH SIGNATURE: