2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED DOCUMENT # 592345 May 09, 2000 8:00 am Secretary of State 1. Entity Name LERNER AND GREENBERG, P.A. 05-09-2000 90045 024 ***150.00 Principal Place of Business Mailing Address 2200 HOLLYWOOD BLVD P.O. BOX 2480 HOLLYWOOD FL 33022 HOLLYWOOD FL 33020 00087748 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 59-1859993 Not Applicable Zip Country Zip 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 GREENBERG, LAURENCE A Street Address (P.O. Box Number is Not Acceptable) 2200 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 Zip Code City 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) 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition TITLE ☐ Delete TITLE Change NAME NAME LERNER, HERBERT L STREET ADDRESS STREET ADDRESS 1201 S OCEAN DR, APT. 1512N CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33019 Delete Addition **PSTD** TITLE ☐ Change TITI F GREENBERG, LAURENCE A NAME NAME STREET ADDRESS STREET ADDRESS 5911 SW 33 LANE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33312 ∽ 🗆 Dēletē > ---- Change Addition ŤITLF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP plied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of people 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 does empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if address, with all other like empowered. 13. I hereby certify that the information such indicated on this report of capped of the corporation or the receiver or troop an attachment with ap

LAURENCE A-GREENBENG