2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 21, 2001 08:00 AM 600263 DOCUMENT # 1. Entity Name **Secretary of State** ADAMS, ROSENTHAL AND COHEN, P.A. Principal Place of Business Mailing Address 4050 SHERIDAN ST. 4050 SHERIDAN ST. SUITE D SUITE D HOLLYWOOD FL HOLLYWOOD FL33021 33021 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 59-1159791 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSENTHAL ALFRED R. ROSENTHAL ALFRED 4050 SHERIDAN ST. Street Address (P.O. Box Number is Not Acceptable) 4050 SHERIDAN ST. STE. D HOLLYWOOD FL33021 US City Zip Code HOLLYWOOD 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. 01/21/2001 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. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 STD TITLE X Delete TITLE CR2E034 (11/00) ☐ Addition COHEN MURRAY MAME NAME 4050 D SHERIDAN ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP VD ☐ Delete TITLE VSD X Change NAME ADAMS CHARLES BJR. NAME ADAMS CHARLES BJR. STREET ADDRESS 4050 D SHERIDAN ST. STREET ADDRESS 4050 D SHERIDAN ST. CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP HOLLYWOOD FL33021 Delete TITLE PTD X Change ☐ Addition ROSENTHAL ALFRED NAME ROSENTHAL ALFRED STREET ADDRESS 4050 D. SHERIDAN ST. STREET ADDRESS 4050 D. SHERIDAN ST. CITY-ST-ZIP HOLLYWOOD 33021 CITY-ST-ZIP HOLLYWOOD 33021 FL. TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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.

01/21/2001

Daytime Phone #

Date

SIGNATURE: _ALFRED R ROSENTHAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR