2000 UNIFORM BUSINESS REPORT (UBR) Apr 03, 2000 8:00 am Secretary of State DOCUMENT # 604659 1. Entity Name ABRAMS, ABRAMS & ETTER, P.A. 04-03-2000 90124 019 ***150.00 Mailing Address Principal Place of Business 3109 GRAND AVENUE 3109 GRAND AVENUE COCONUT GROVE FL 33133-5103 COCONUT GROVE FL 33133 3. Mailing Address 2. Principal Place of Business Palmetto Park Rd DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1509428 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent ABRAMS, JENNIFER 1050 STILLWATER DRIVE MIAMI BEACH FL 33141 urpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 ble to satisfy its Intangible 9. This corporation 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. TITLE TITLE Delete ABRAMS, BRENDA NAME NAME 3109 BRICKELL AVENUE, #139 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **COCONUT GROVE FL 33133** CITY-ST-ZIP ☐ Delete TITLE TITLE ABRAMS, IRA NAME NAME 3109 BRICKELL AVENUE, #139 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **COCONUT GROVE FL 33133** Addition TITLE Delete_ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ 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

13. Thereby 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: