2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 19, 2000 8:00 am Secretary of State **DOCUMENT # 629946** 1. Entity Name SEIDER AND STEVENS, P.A. 01-19-2000 90107 050 ***150.00 Principal Place of Business Mailing Address 3157 NORTH UNIVERSITY DR 3157 NORTH UNIVERSITY DR 801701 PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024-2258 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1939858 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEIDER. P STUART Street Address (P.O. Box Number is Not Acceptable) 3157 N UNIVERSITY DRIVE PEMBROKE PINES, FLORIDA 33024 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition ☐ Delete TITLE TITLE NAME SEIDER, P STUART NAME STREET ADDRESS STREET ADDRESS 3157 N UNIVERSITY DRIVE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES, FL 00000-330>4 Change ☐ Addition ☐ Defete TITLE NAME NAME STEVENS, JEFFREY A STREET ADDRESS STREET ADDRESS 1051 N 35TH AVENUE CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD, FLORIDA 80000 330シ1 Addition ☐ Change TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TIT1 F NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

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 1 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.