2000 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2000 8:00 am Secretary of State DOCUMENT # **638978** JAY MAZER ASSOCIATES, INC. 04-22-2000 90102 035 ***150.00 Principal Place of Business Mailing Address P.O. BOX 450248 P.O. BOX 450248 SUNRISE FL 33345-0248 SUNRISE FL 33345 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-1937627 Not Applicable Zin Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NICHOLS, CHARLES Street Address (P.O. Box Number is Not Acceptable) 1650 NE 26TH ST 1415 E SUNRISE BLVD., STE 412 FT. LAUDERDALE FL 33305 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 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 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 12. 11. Ax of 5/1/00- Change 1450 5.W. 15th Ave Plostation, Fl. 333 Change PDS ☐ Delete TITLE TITLE MAZER, JAY NAME P.O. BOX 450248 N/A STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SUNRISE FL ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4/17/00 954-413054