2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 671884 Apr 28, 2000 8:00 am Secretary of State 1. Entity Name FRIEDMAN & COMPANY, INC. 04-28-2000 90093 032 ***150.00 Principal Place of Business Mailing Address 2424 SOUTH DIXIE HIGHWAY 2424 SOUTH DIXIE HIGHWAY MIAMI FL 33133 MIAMI FL 33133-3167 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2002870 Not Applicable Country Country Zip \$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 FRIEDMAN ALLAN F Street Address (P.O. Box Number is Not Acceptable) 2424 S DIXIE HWY MIAMI FL 33133 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. 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. ☐ Change Addition DST TITLE TITLE ☐ Delete FRIEDMAN, ALLAN F NAME NAME 2424 SO DIXIE HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 CITY-ST-ZIP ☐ Change ___ Addition ☐ Delete TITLE TITLE FRIEDMAN ALLAN F NAME NAME 2424 SO DIXIE HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI. FL 00000 ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR