FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF

## Apr 29, 2002 8:00 am Secretary of State DOCUMENT # 686267 1. Entity Name 04-29-2002 90048 022 \*\*\*150 00 JOEL S. SCHECTER, P.A. Principal Place of Business Mailing Address 2401 E ATLANTIC BLVD 2401 E ATLANTIC BLVD **STE 400** STF 400 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 US 2. Principal Place of Business 3. Mailing Address 1800 Corporate Blvd. 1800 Corporate Blvd., NW Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Súite 102 Sūite\_102 City & State City & State 4. FEI Number Applied For 59-2036038 Boca Raton, FL 33431 Not Applicable Boca Raton. FL 33431 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 SCHECTER, JOEL S ESQ Street Address (P.O. Box Number is Not Acceptable) 1800 Corporate Blvd., NW 2401 E ATLANTIC BLVD STE 400-Suite 102 POMPANO BEACH FL 33062 City Boca Raton, 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) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME SCHECTER, JOEL S. 2401 É ATLANTIC BLVD STE 400 1800 Corporate Blvd., NW - STECHO2 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP CITY-ST-ZIP Boca Raton, FL 33431 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete TITLE Change ☐ Addition NAME 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 repeiver 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.

Daytime Phone #

1-954-786-0706