NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State
03-26-2003 90387 001 *****8.75
03-26-2003 90387 002 ****61.25

DOCUMENT # 768168

1. Entity Name
333 Management Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3990N Dixie Highway	PO Box 23266
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oakland Park Florida	City & State: Oakland Park Florida
Zip: 33334 Country: Broward	Zip: 33307 Country: Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2293701 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Gerald McCulley

Street Address (P.O. Box Number is Not Acceptable): 509 NW 29 Court

City: Wilton Manors FL Zip Code: 33311

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: HENRY M TORRES SR. DIRECTOR
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR John H HAVENS 3021 NE 16 AVE OAKLAND PARK FL. 33334	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Albert H Souckar 1801 NE 42 St Fort Lauderdale Fl. 33308	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Marcelino DeLeon 380 NE 43 St Oakland Park Fl. 33334	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Norman Embree 1531 NE 15 St Fort Lauderdale Fl.33304	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Henry M Torres Sr 2001 NE 17 Way Fort Lauderdale Fl. 33305	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Paul Walkouski 3939 NW 19 Ave. Oakland Park Fl. 33309	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037B (12/02)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Albert H Souckar 3-18-03 954-566-5747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #