2002 UNIFORM BUSINESS REPORT (UBR)

May 12, 2002 8:00 am & Secretary of State **FILED** DOCUMENT # F36624 1. Entity Name I.R.E. PROPERTY ANALYSTS, INC. 05-12-2002 90611 014 ***150.00 Principal Place of Business Mailing Address P.O. BOX 5403 P.O. BOX 5403 FT. LAUDERDALE FL 33310-5403 FT. LAUDERDALE FL 33310-5403 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2098684 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEVAN, ALAN B. Street Address (P.O. Box Number is Not Acceptable) 1750 E. SUNRISE BLVD. 3RD FLOOR FT. LAUDERDALE FL 33304 City 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 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 LEVAN, ALAN B NAME 1750 E SUNRISE BLVD 3RD FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33304 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME GILBERT, GLEN R. NAME STREET ADDRESS 1750 E. SUNRISE BLVD., 3RD FLOOR STREET ADDRESS CITY-ST-ZIE FORT LAUDERDALE FL 33304 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE 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 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.

GLEN R GILBERT

R PRINTED NAME OF SIGNING OFFICER ON ORRECTOR President

SIGNATURE:

SIGNATURE AND TYPED

Daytime Phone #