2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGN

May 27, 2002 8:00 am § Secretary of State DOCUMENT # F70191 1. Entity Name 05-27-2002 90274 001 ***150.00 ROSENBLUM, OLIVER & ALMAN, P.A. Principal Place of Business Mailing Address % TERRY M ROSENBLUM, ESQ. % TERRY M ROSENBLUM, ESQ. SUITE 401, 2450 HOLLYWOOD BLVD. SUITE 401, 2450 HOLLYWOOD BLVD. HOLLYWOOD FL 33020-6616 HOLLYWOOD FL 33020-6616 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 59-2190532 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \square Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSENBLUM, TERRY M., ESQ. Street Address (P.O. Box Number is Not Acceptable) SUITE 401, 2450 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 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) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ROSENBLUM, TERRY M NAME STREET ADDRESS 2450 HOLLYWOOD BLVD #401 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 00000 CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZiP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ 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 quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied entering 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.

FILED