2002 UNIFORM BUSINESS REPORT (UBR)

May 28, 2002 8:00 am § Secretary of State DOCUMENT # F72578 1. Entity Name 05-28-2002 91731 019 ***550.00 H.W. GAY ENTERPRISES, INC. Principal Place of Business Mailing Address 5433 NW 20TH-AVE P O BOX 6038 **BOCA RATON FL 33496 BOCA RATON FL 33427** 2. Principal Place of Business 3. Mailing Address 2851 NE 183RA ST. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 21176 City & State City & State 4. FEI Number Applied For AVENIVEA 59-2183935 Not Applicable Country \$8.75 Additional USA-5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERBERT W. GAY gay, herbert w. Jr. Street Address (P.O. Box Number is Not Ad 2951 NE 183 RD -5433 NW. 20TH AVE. **BOCA RATON FL 33496** City AVENTURA 8. The above named entity submits statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 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 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution, Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE PRESIDENT Change ☐ Addition GAY, HERBERT W. JR. HERBERT W. GAY NAME STREET ADDRESS 5433 NW 20TH AVE STREET ADDRESS 2851 NE CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MORGAN, ROBERT NAME STREET ADDRESS 2310 GRANT ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP ---TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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

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 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED