2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # F88625** Jan 14, 2000 8:00 am 1. Entity Name **Secretary of State** STATE ROAD 7 REALTY CORP. 01-14-2000 90047 018 ***150.00 Mailing Address Principal Place of Business 1800 S. OCEAN BLVD. 1800 S. OCEAN BLVD. APT. #1505 APT. #1505 POMPANO FL 33062-7920 POMPANO FL 33062 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2205188 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KENT, FRED J. Street Address (P.O. Box Number is Not Acceptable) 1800 S. OCEAN BLVD. APT. # 1505 POMPANO BEACH FL 33062 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition ☐ Delete TITLE TITLE KENT. RUTH M NAME NAME STREET ADDRESS STREET ADDRESS 1800 S. OCEAN BLVD. APT. #1505 CITY-ST-70 CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Change ☐ Addition ☐ Delete TITLE TITLE KENT, FRED J NAME NAME STREET ADDRESS 1800 S. OCEAN BLVD, APT. #1505 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP POMPANO BEACH FL 33062 ■ Addition Delete____ ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE

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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE: 3-04 KENTER BELLENT URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

STREET ADDRESS

9.54.943·1003