2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 17, 2000 8:00 am Secretary of State DOCUMENT # F9600000811 1. Entity Name BFMA HOLDING CORPORATION 05-17-2000 90899 048 ***150.00 Principal Place of Business Mailing Address 701 SE 6TH AVE 701 SE 6TH AVE. **DELRAY BEACH FL 33483** DELRAY BEACH FL 33483-5112 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 52-1958726 Not Applicable Zip Zip Country \$8.75 Additional 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 THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code 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 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 filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE FLORESCUE, BARRY W NAME NAME STREET ADDRESS STREET ADDRESS 701 SE 6TH AVE. CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** ☐ Delete TITLE ☐ Change ☐ Addition TITLE FLORESCUE, BARRY W NAME NAME STREET ADDRESS STREET ADDRESS 701 SE 6TH AVE. CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33483 Addition Change ☐ Delete TITLE TITLE HALL, MICHAEL J NAME NAME STREET ADDRESS STREET ADDRESS 335 S SEVENTH ST CITY-ST-ZIP CITY-ST-ZIP MINNEAPOLIS MN 55402 Change ☐ Addition ☐ Delete TITLE TITLE BLOOM, RICK NAME NAME STREET ADDRESS STREET ADDRESS 150 S RODEO DR #100 CITY-ST-ZIP CITY-ST-ZIP **BEVERLY HILLS CA 90212** ☐ Change Addition TITLE ☐ Delete TITLE NAME DELANY, LOGAN D JR NAME STREET ADDRESS STREET ADDRESS 41 NORTH BROADWAY CITY-ST-7IP CITY-ST-ZIP **IRVINGTON NY 10533** ☐ Delete [] Change ☐ Addition TITI.E TITLE WEISSMAN, CHARLES NAME NAME STREET ADDRESS 919 3RD AVE, 20TH FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10022** 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 dustee 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.

OF PRINTED NAME OF SIGNING OFFICER OR DIRECTS

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