2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR P

Sep 14, 2001 8:00 am Secretary of State DOCUMENT # F97000001954 1. Entity Name 09-14-2001 90030 030 ***550.00 STUART-DEAN CO. INC. Principal Place of Business Mailing Address 2715 W. 81ST STREET 2715 W. 81ST STREET HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address NE 10th Ave DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-1354550 Not Applicable 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 DEGAN, MARY ANN 2715 W 81ST STREET HIALEAH FL 33016 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (5/01)☐ Delete ☐ Addition TITLE TITI E ☐ Change BUSH, JOHN H NAME NAME CR2E034 STREET ADDRESS **366 TENTH AVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10001** TITLE ☐ Delete TITLE Change ☐ Addition NAME PENNINGS, NICHOLAS J NAME STREET ADDRESS STREET ADDRESS 366 TENTH AVE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10001** TITLE ☐ Delete TITLE ☐ Change Addition NAME CULLEN, KEVIN NAME STREET ADDRESS 366 TENTH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10001 TITLE ☐ Change ☐ Addition TITLE Delete NAME GARGIULO, JOSEPH A JR NAME STREET ADDRESS STREET ADDRESS 3809 SANDALWOOD CT CITY-ST-ZIP CITY-ST-ZIP FAIRFAX VA 22031 ☐ Change ☐ Addition TITLE Delete TITLE 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 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

FILED

Daytime Phone #