2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # **F99000005684** Apr 20, 2000 8:00 am Secretary of State ERWIN PEARL, INC. 04-20-2000 90002 021 ***150.00 Mailing Address Principal Place of Business 389 FIFTH AVENUE 389 FIFTH AVENUE NEW YORK NY 10016-3320 NEW YORK NY 10016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 13-5381590 Not Applicable Country Zip \$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. --UNITED CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 9200 SOUTH DADELAND BLVD., SUITE 508 **MIAMI FL 33156** 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 filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. EXEC V.P. SANARA SELLERS 359 FIFTH AVE ☐ Change Addition PCD TITLE ☐ Delete TITLE NAME NAME PEARL, ERWIN STREET ADDRESS STREET ADDRESS 389 FIFTH AVENUE CITY-ST-ZIP CITY-ST-ZIP M, M (00 16 NEW YORK NY 10016 ☐ Change Addition ☐ Defete TITLE TITLE SUMPLUE BAKET NAME WEINSTEIN, JOEL NAME 389 FIFTH AVE STREET ADDRESS STREET ADDRESS 389 FIFTH AVENUE CITY-ST-ZIP CITY-ST-ZIP M . M 10016 NEW YORK NY 10016 Change -Addition ☐ Delete TITLE ELSWIT, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 389 FIFTH AVENUE CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10016 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE 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 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