2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2002 8:00 am § Secretary of State DOCUMENT # G05103 1. Entity Name 04-30-2002 90224 018 ***150.00 NEAL REALTY AND INVESTMENTS, INC. Principal Place of Business Mailing Address 3300 N FEDERAL 3300 A. FED HUY SOOD NE SEND STREET 3308 NE 32ND STREET SUITE 250 # 250 FT. LAUDERDALE FL-99308* FT. LAUDERDALE FL 33308-33306 33306 2. Principal Place of Business 3. Mailing Address 3300 N. FEDELAL 3300 N. HEDEKAL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-2255052 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NEAL, TIMOTHY P Street Address (P.O. Box Number is Not Acceptable) 3308 NE 3RD ST FORT LAUDERDALE FL 33308 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS : 12. 11. ÇŖ2E034 (9/01) Delete TITLE TITLE NEAL, TIMOTHY **NEAL, TIMOTHY P** NAME NAME 3300 N. PEDERAL HUY, FT LAU DERDALE, PC. STREET ADDRESS 9908 NE-32ND ST STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP TITLE Delete TITLE NAME 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 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-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP "Sreby 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 i cated on this report of 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 the corporation of the receiver or trustee empowered to execute the report as required by Chapter 507, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Date

Davtime Phone #