DOCUMENT # G56776 1. Entity Name RONALD D. SCHAIN, CPA, P.A.				FILED Jan 08, 2001 8:00 am Secretary of State
Principal Plac	ce of Business	Mailing Address		01-08-2001 90007 014 ***150.00
2699 STIRLING ROAD. B-206 FT. LAUDERDALE FL 33312-6543		2699 STIRLING ROAD. B-206 FT. LAUDERDALE FL 33312-6543		■ 服 ■ 機構 ・ 機構
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FE! Number 59-2317503 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required -
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
SCHAIN, RONALD D.			Name	
2699 STIRLING ROAD, B-206 FORT LAUDERDALE FL 33312			Street Address	s (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
8. The above	e named entity submits this statement fo	or the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida.
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature requi	Irred when reinstating) DATE III
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After MAY 1, 20	!!! FEE IS \$150.00 001 Fee will be \$550.00 ble to Department of S	I Trust Fund Contribution. \square Added to Fees I \Longrightarrow
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SCHAIN, RONALD D. 2699 STIRLING ROAD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition (000/01) PEO3
TITLE	FT. LAUDERDALE FL D	□ Delete	TITLE	Change Addition
NAME - STREET ADDRESS CITY-ST-ZIP	SCHAIN, RONALD D. 2699 STIRLING ROAD FT. LAUDERDALE FL		NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	TA DAUDERDALL IL	☐ Delete	TITLE	☐ Change ☐ Addition ☐
STREET ADDRESS CITY-ST-ZIP		☐ Delete	STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP			CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP		L.i Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
indicated of the cor changed	on this report or supplemental report is rporation or the receiver or trustee empore, or on an attachment with an address, or on an attachment with an address, or one an attachment with an address, or one an attachment with an address.	strue and accurate and that r	my signature shall have th	Section 119.07(3)(i), Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director 307, Florida Statutes; and that my name appears in Block 11 or Block 12 if
SIGNAT		PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Date Daytime Phone #