2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 21, 2001 8:00 am Secretary of State **DOCUMENT # G89411** 1. Entity Name LEWIS A. DESARITZ, P.A. 02-21-2001 90070 045 ***150.00 Principal Place of Business Mailing Address 7770 WEST OAKLAND PARK BLVD. 7770 WEST OAKLAND PARK BLVD. SUNRISE FL 33351 SUNRISE FL 33351 2. Principal Place of Business OAKLAND BANK BLUD 3. Mailing Address 7481 WEST OAKLAND BAIL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 30/ City & State 4. FEI Number Applied For 59-2404116 AUDERHIU BUDERHIL Not Applicable \$8.75 Additional 5. Certificate of Status Desired ROWAND Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DESARITZ, LEWIS A. Street Address (P.O. Box Number is Not Acceptable 7770 WEST OAKLAND PARK BLVD. WEST OAKLAND GANG SUNRISE FL 33351 Zip Code 333/9 AUDERHILL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PST TITLE TITLE □ Delete ☐ Addition DESARITZ, LEWIS A. NAME NAME STREET ADDRESS 7770 W. OAKLAND PARK BLV STREET ADDRESS W. OAKLAND PANK CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL TITLE ☐ Delete TITLE DESARITZ, LEWIS A. NAME NAME STREET ADDRESS 7770 W. OAKLAND PARK BLV W. OAKLAND PANE BY VO STREET ADDRESS CITY-ST-7IP SUNRISE FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition ☐ Change NAME

13. I hereby certify that the information supplied with this filling 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 of trustee empoyered 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 life empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01

95474 667