FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 28, 2002 8:00 am Secretary of State **DOCUMENT #** G92113 1. Entity Name 05-28-2002 91619 050 ***150.00 JANICE REVITZ P.A. Principal Place of Business Mailing Address 1424: N.W. LEJEUNE ROAD 1424 N.W. LEJEUNE ROAD MIAMI FL 33126 MIAMI FL 33126 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. FEI Number Applied For 59-2401090 Not Applicable Zip Country Zip 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 JANICE REVITZ, JANICE Street Address (P.O. Box Nymber is Not Acceptable) 1424 N.W. LEJEUNE ROAD MIAMI FL Zip Code antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME REVITZ, JANICE NAME STREET ADDRESS 1424 N.W. LEJUNE ROAD STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME: NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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

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Eurit N. W. M.

VENARURE REQUIRED SIGNATURE OF SIGNING OFFICER OR DIRECT

☐ Delete

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4/20/02_

Daytime Phone #

Change

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