2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 25, 2001 8:00 am Secretary of State **DOCUMENT # G97282** 1. Entity Name STANLEY B. GOLDSTEIN CORP. 01-25-2001 90020 038 ***150.00 Principal Place of Business Mailing Address 10089 SPYGLASS WAY 10089 SPYGLASS WAY **BOCA RATON FL 33498 BOCA RATON FL 33498** 902613 Principal Place of Business Mailing Address OUTHWICK WAY DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2406003 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOLDSTEIN, STANLEY B. 10089 SPYGLASS WAY **BOCA RATON FL 33498** or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, 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, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DPS ☐ Delete TITLE NAME GOLDSTEIN, STANLEY B. NAME STREET ADDRESS STREET ADDRESS 10089 SPYGLASS WAY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33498** TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change -- 🗀 "Addition" Delete TITLE TIFLE 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 ☐ Change ☐ Addition ☐ Delete TITLE 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 receive 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: A