2001 UNIFORM BUSINESS REPORT (UBR)

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FILED Mar 05, 2001 8:00 am Secretary of State DOCUMENT # G99837 BITTENHOUSE PROPERTY INVESTORS, INC. 03-05-2001 90074 018 ***150.00 Principal Place of Business Mailing Address % CY PROPERTIES, INC. % CY PROPERTIES, INC. 404 WASHINGTON AVE., ATTN: CHINA GRILL 404 WASHINGTON AVE., ATTN: CHINA GRILL 926883 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 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 23-2165987 Not Applicable Zip Country Country Zip \$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 Name CY PROPERTIES, INC. Street Address (P.O. Box Number is Not Acceptable) 404 WASHINGTON AVE ATTN: CHINA GRILL MIAMI BEACH FL 33139 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 DATE Signature, typed or printed name of registered agent 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD CR2E034 (10/00) TITLE ☐ Delete TITLE Change ☐ Addition CHODOROW, JEFFREY NAME 19925 NE 39 PLACE, PH 701 STREET ADDRESS STREET ADDRESS **AVENTURA FL 33180** CITY-ST-ZIP CITY-ST-ZIP ۷D ☐ Change ☐ Addition TITLE ☐ Delete TITLE Yogel, Larry D. NAME NAME 748 CANTERBURY LN STREET ADDRESS STREET ADDRESS VILLANDVA PA 19085 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ed with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information 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 see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information sup indicated on this report or supplen of the corporation or the receiver. changed, or on an attachment with an ddress, with all other like empowered

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR