2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2000 8:00 am Secretary of State **DOCUMENT # G99893** 1. Entity Name COMMERCIAL PROPERTIES GROUP, INC. 02-05-2000 90004 017 ***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 MIAMI BEACH FL 33139-6600 MIAMI BEACH FL 33139 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 23-2131107 Not applie Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7, Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CY PROPERTIES, INC. Street Address (P.O. Box Number is Not Acceptable) 404 WASHINGTON AVE. ATTN: CHINA GRILL MIAMI BEACH FL 33139 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees X (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PΩ ☐ Change Delete TITLE TITLE CHODOROW, JEFFREY R. NAME NAME 19925 NE PL PH 701 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AVENTURA FL CITY-ST-ZIP Change ☐ Delete TITLE YOGEL, LARRY D. NAME 748 CANTERBURY LN STREET ADDRESS STREET ADDRESS VILLANOVA PA CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF T ****** ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Additior ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS 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 of 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 feceiver 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 changed, or on an attachment with an address, with all other like empowered.

PROR BOST , WOSOGO

SIGNATURE: