2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 08, 2001 8:00 am Secretary of State **DOCUMENT # H80525** 1. Entity Name MOSKOWITZ, MANDELL, SALIM & SIMOWITZ, P.A. 02-08-2001 90046 044 ***150.00 Principal Place of Business Mailing Address **900 CORPORATE DR** 900 CORPORATE DR SUITE 510 SUITE 510 FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2588564 Not Applicable Zip 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 Name MOSKOWITZ, MICHAEL W. Street Address (P.O. Box Number is Not Acceptable) 800 CORPORATE DRIVE SUITE 510 FT. LAUDERDALE FL 33334 Zip Code City 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 A Signature, typed or printed name of registered agent and title if applicable. (NOTF: 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, 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 12. 11. DP ☐ Addition Change ☐ Delete TITLE TITLE MOSKOWITZ, MICHAEL W. NAME NAME STREET ADDRESS STREET ADDRESS 800 CORPORATE DR, STE 510 CITY-ST-7/P CITY-ST-ZIP FT. LAUDERDALE FL 33334 ☐ Change ☐ Addition TITLE ☐ Delete TITLE MANDELL, CRAIG J NAME NAME STREET ADDRESS STREET ADDRESS 800 CORPORATE DR. STE 510 CITY-ST-ZIP CITY-ST-ZIE FT. LAUDERDALE FL 33334 ☐ Change ☐ Addition □ Delete TITLE SALIM; WILLIAM G JR----NAME NAME -STREET ADDRESS 800 CORPORATE DR, STE 510 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL ΠV ☐ Change ☐ Addition TITLE ☐ Delete TITLE SIMOWITZ, SCOTT E NAME NAME STREET ADDRESS 800 CORPORATE DR. STE. 510 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33334 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 or supplemental report is true and accurate another 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 trusted 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.

FICER OR DIRECTOR