The Join Michael & Address       Mailing Address         Principal Place of Burness       Mailing Address         State of Burness       State States         Burne Address       State States         State Address       States         City & State       City & States         City & State       City & States         State Address (200 Box Address of Nov Registered Agent       States         State Address (200 Box Address of Nov Registered Agent       State Address (200 Box Address of Nov Registered Agent         Reside Address (200 Box Address of Nov Registered Agent       North         State Address (200 Box Addre	<ul> <li>2001 UNIFORM BUSINESS REPORT (UBR)</li> <li>DOCUMENT # H87791</li> <li>1. Entity Name</li> </ul>						FILED Apr 27, 2001 8:00 am Secretary of State			
100 TOWN CARTER CARLE TS 300 CAR ARTON FL SSIGE 20 // A State 21 // Anophel Place of Shure rags       5. Mailing Address US       LUUY 1 / 3.2         21 // Anophel Place of Shure rags       3. Mailing Address US       Do Not Write IN THIS STACE         21 // Anophel Place of Shure rags       3. Mailing Address US       Do Not Write IN THIS STACE         21 // Anophel Place of Shure rags       3. Mailing Address US 2 // A Shure       Do Not Write IN THIS STACE         21 // A Shure 22 // A Shure 24 // A Shure 25 // Contry       Contry       2 // Contry       8. Certificate of Shure So of Kern Registered Agent         27 // Contry       7 // Name and Address of Current Registered Agent       Name and Address of Current Registered Agent       Name and Address of New Registered Agent         8. Here chin       State Agence SULT State       State Agence State State on Current Registered Agent       Name and Address of Rota Agence State Agence State Carrent Agence State on Control State State Carrent Agence State on Control State Carr										
Suite Apt #, etc.     DO NOT WHITE IN PHIS SPACE       City & State     City & State     A FEI Number     Sp2605375     Applied For       Zio     Country     Zip     Country     S. Certificate of Status Desired     State Sp2605375     Applied For       Zio     Country     S. Certificate of Status Desired     State Sp2605375     Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent     State Sp2605375     Applied For       REISMAN, JONATHAN B     State Charles     State Address (P.O. Box Number In Net Acceptable)     State Address (P.O. Box Number In Net Acceptable)     State Address (P.O. Box Number In Net Acceptable)       SUID 300     Charles     Charles     Charles     Charles     State Address (P.O. Box Number In Net Acceptable)       SUID 300     Charles     Charles (P.O. Box Number In Net Acceptable)     State Address (P.O. Box Number In Net Acceptable)     State Address (P.O. Box Number In Net Acceptable)       SUID 300     Charles (P.O. Box Number In Net Acceptable)     Charles (P.O. Box Number In Net Acceptable)     State Address (P.O. Box Number In Net Acceptable)       State Address (P.O. Box Number In Net Acceptable)     Charles (P.O. Box Number In Net Acceptable)     DAte       State Address (P.O. Box Number In Net Acceptable)     Charles (P.O. Box Number In Net Acceptable)     DAte       State Address (P.O. Box Number In Net Address (P.O. Box Number In Net Acceptable)	100 TOWN CEN TE. 330	ITER CIRCLE	5100 TOWN CENTER ( STE. 330 BOCA RATON FL 3348	5100 TOWN CENTER CIRCLE STE. 330 BOCA RATON FL 33486						
City & State     City & State     4. FEI Number     State Number of State State     A protect for Nut Appice       Zip     Country     Zip     Country     Sign Country	2. Principal Pla	ace of Business	3. Mailing Address	3. Mailing Address						
Zip         Country         Zip         Country         Second State         Second Stat	Suite, Apt. #	¥, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN TH	HIS SPACE		
Zip     Country     Zip     Country     S. Centricate of Status Degreed     \$8.75     Associational Feature       6. Name and Address of Ourneht Registered Agent     7. Name and Address of New Registered Agent     Name       REISMAN, JONATHAN B S101 TOWN CENTER CIRCLE SUIF 230 BOCA RATON P. 33486       Stree: Address (P.O. Box Numbor is Not Acceptable)       Stree: Address (	City & State	3	City & State	City & State			El Number 59-2605375			
	Zip	Country	Zip	Count	try	5. C	ertificate of Status Desired	\$8.75 Add	litional	
HEISMAN, JONATHAN B       Street Address (P.O. Box Number is Not Acceptable)         SUPER 2005       City		6. Name and Address of Cur	rent Registered Agent		Nama	7. N	ame and Address of New Register			
BOCA RATON 1: 33486     C4y     File     Zip Code       8. The about name and user intermeter intermeter to the purpose of changing its registered office or registered agent, or both, in the State of Florida.     Signature, registered agent, or both, in the State of Florida.       SIGNATURE     Byratine, registered intermeter intermeter intermeter intermeters.     (POTE: Registered agent agents registered agent, or both, in the State of Florida.       SIGNATURE     Byratine, registered intermeter intermeters.     (POTE: Registered agent agents registered agent, or both, in the State of Florida.     (Dotter intermeters)     (Dotter intermeters)       9. This corporation is called to to statisty its intangible Tax fling requirement and elects to clo so.     After MAY 1, 2001 Fee will be SS0.00 After MAY 1, 2001 Fee will be SS0.00 Wake Check Payable to Department of State     10. Election Campaign Flinancing Trust Fund Contribution.     S5.00 May E Added to Fees State Addets is added to Fees (Check Payable to Department of State     10. Election Campaign Flinancing Trust Fund Contribution.     S5.00 May E Added to Fees State Addets is (Check Payable to Department of State     10. Election Campaign Flinancing Trust Fund Contribution.     S5.00 May E Added to Fees State Addets is (Check Payable to Department of State     10. Election Campaign Flinancing Trust Fund Contribution.     S5.00 May E Added to Fees State Addets is (Check Payable to Department of State     10. Election Campaign Flinancing Trust Fund Contribution.     S5.00 May E Added to Fees State Addets is (Check Payable to Department of State     10. Election Campaign Flinancing Trust Fund Contribution.     S5.00 May E Added to Fees State Addets is	5101	TOWN CENTER CIRCLE				s (P.O. Box Number is Not Acceptable)				
SIGNATURE       Sequence speed to forme of regeleead event and ble of application.       (NOTE: Regilence Application regulate under mentation)       DAte         9. This corporation is ell-ble to satisfy its Intangible Tax filing requirement and elects to do so.       After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be \$550.00 Marke Cheer Payable to Department of State       10. Election Campaign Financing Trust Fund Contribution.       \$5.00 May E Added to Fees         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND ADDIRECTORS IN 11								Zip Coc	e	
THE       PD       Image: Construction of the constructio	Tax filing requirement and elects to do so.     After MAY       (See criteria on back)     Image: Check P			1, 2001 Fee Payable to De	will be \$550.0	tate	Trust Fund Contribution.	Adde	d to Fees	
NAME       STREET ADDRESS       STREET ADDRESS         CITY-ST-ZP       CITY-ST-ZP         TITLE       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-ZP         STREET ADDRESS       CITY-ST-ZP         TITLE       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-ZP         TITLE       STREET ADDRESS       CITY-ST-ZP         TITLE       STREET ADDRESS       CITY-ST-ZP         TITLE       NAME       STREET ADDRESS         CITY-ST-ZP       CITY-ST-ZP       CITY-ST-ZP         TITLE       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-ZP         TITLE       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-ZP         TITLE       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-ZP </td <td>TITLE NAME STREET ADDRESS</td> <td>PD REISMAN, JONATHAN B 5100 TOWN CENTER CIRCL</td> <td>- Delete</td> <td>: TITLE NAM STRE</td> <td>E ET ADDRESS</td> <td>AU</td> <td>DITIONS/CHANGES TO OFFICERS</td> <td></td> <td>Addition</td>	TITLE NAME STREET ADDRESS	PD REISMAN, JONATHAN B 5100 TOWN CENTER CIRCL	- Delete	: TITLE NAM STRE	E ET ADDRESS	AU	DITIONS/CHANGES TO OFFICERS		Addition	
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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 direct or direct 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 direct or direct 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 direct or direct on the same legal effect as if made under oath; that I am an officer or direct on the same legal effect as if made under oath; that I am an officer or direct or direct on the same legal effect as if made under oath; that I am an officer or direct on the same legal effect as if made under oath; that I am an officer or direct on the same legal effect as if made under oath; that I am an officer or direct on the same legal effect as if made under oath; that I am an officer or direct on the same legal effect as if made under oath; that I am an officer or direct on the same legal effect as if made under oath; that I am an officer or direct on the same legal effect as if made under oath; that I am an officer or direct on the same legal effect on the same le	NAME STREET ADDRESS	$\bigcirc$		NAN STRI	/E EET ADDRE\$\$			🗌 Change	Addition	
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 1 changed, or on an attachment with an address, with all other like empowered.	13. I hereby indicated of the co changed	certify that the information supplie on this report or supplemental re poration or the receiver or trustee , or on an attachment with an add	d with this filing does not que port is true and accurate and empowered to execute this ress, with all other like empo	alify for the exe d that my signa report as requ wered.	emption stated ir ature shall have t ired by Chapter	Section he same 607, Flori	119.07(3)(i), Florida Statutes. I furthe legal effect as if made under oath; t ida Statutes; and that my name app	er certify that the hat I am an office ears in Block 11	information er or director or Block 12 if	

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