2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 29, 2000 8:00 am Secretary of State **DOCUMENT # H91586** 1. Entity Name V.F. 30 HOLDINGS, INC. 04-29-2000 90018 001 *4,800.00 Principal Place of Business Mailing Address **BROAD & CASSEL BROAD & CASSEL** 7777 GLADES RD #300 7777 GLADES RD #300 BOCA RATON FL 33434-4150 **BOCA RATON FL 33434** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2638481 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEUTCH, JEFFERY Street Address (P.O. Box Number is Not Acceptable) 7777 GLADES RD SUITE 300 **BOCA RATON FL 33434** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. VTD ☐ Change ☐ Addition ☐ Defete TITLE GATTINGER, FRANKLIN J. NAME STREET ADDRESS 8600 DECARIE BLVD., SUITE 200 STREET ADDRESS TOWN OF MOUNT ROYAL QC CITY-ST-ZIP CITY-ST-ZIP PDS Change ■ Addition ☐ Delete TITLE POMERANTZ, SAUL NAME NAME 8600 DECARIE BLVD STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-7IP TOWN OF MOUNT ROYAL QC CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE Raphael Esposito Dr NAME NAME Decarie # 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Royal (Oc ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS

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 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 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

> SIGNATURE A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Addition

☐ Change