2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## FILED Apr 25, 2005 08:00 AM Secretary of State DOCUMENT # H97913 1. Entity Name UVH MANAGEMENT CORP. Mailing Address Principal Place of Business 4 CEDAR SWAMP ROAD GLEN COVE NY 11542 4 CEDAR SWAMP ROAD GLEN COVE NY 11542 2. Principal Place of Business \_\_\_\_\_ 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2621016 Not Applicable Zin Country Country \$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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tiffe if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition TITLE ☐ Change ☐ Delete PAFFENDORF, CARL G. NAME NAME STREET ADDRESS 4 CEDAR SWAMP ROAD STREET ADDRESS GLEN COVE NY 11542 CITY-ST-ZIP CITY-ST-ZIP TITLE 🗀 Defete THE Change Addition U00000326849 D'ANDREA, PAUL NAME NAME 04/25/05-80014-003 150.00 4 CEDAR SWAMP ROAD STREET ADDRESS SURFEL ADDRESS CITY-ST-ZIP GLEN COVE NY 11542 CITY-ST-ZIP IIILE [] Delete une☐ Change Addition | NAME COVIER, THERSEA A NAME STREET ADDRESS 4 CEDAR SWAMP ROAD STREET ADDRESS CITY-ST-ZIP GLEN COVE NY 11542 CITY-ST-ZIP TITLE ☐ Delete THILE Change Addition NAME GUTTMAN, ALAN NAME 4 CEDAR SWAMP ROAD STREET ADDRESS STREET ADDRESS ť CITY-ST-ZIP GLEN COVE NY 11542 CITY-ST-ZIP DILE Delete TITLE Change Addition FRANK, BENJAMIN NAME 5540 N. OCEAN DRIVE, #1A STREET ADDRESS STREET ADDRESS SINGER ISLAND FL 33404 CITY - ST - ZIP CITY-ST-ZIP TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY - ST - ZIP 12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.