2001 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # J48821** 1. Entity Name MIL-LAKE PARCEL I, INC. 01-30-2001 90109 022 ***150.00 Mailing Address Principal Place of Business 4659 LAKE WORTH RD 4659 LAKE WORTH RD LAKE WORTH FL 33463 LAKE WORTH FL 33463 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4, FEI Number City & State City & State 59-2761126 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOEPPEL, JOEL P Street Address (P.O. Box Number is Not Acceptable) 222 LAKEVIEW AVENUE #260 WEST PALM BEACH FL 33401 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition DSP Delete TIT1 F TITLE NAME ROSENTHAL, DANIEL NAME 4659 Lake Worth Rd. Lake Worth, FL 33463 STREET ADDRESS STREET ADDRESS 4613 LAKE WORTH RD CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Addition Change TITLE ☐ Delete NAME KOEPPEL, JOEL P NAME STREET ADDRESS 222 LAKEVIEW AVENUE - #260 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 _ _ Change ☐ Addition TITLE TITLE --☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-7IP

SIGNATURE:

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. Rosenthal 1-18-01 561-642-8101

FILED