FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 03, 2001 8:00 am **DOCUMENT # J75868** Secretary of State FORSYTH ENTERPRISES EAST, INC. 05-03-2001 90098 025 ***150.00 Principal Place of Business Mailing Address 10940 STAFFORD CIR S 2075 S FEDERAL HWY FT LAUDERDALE FL 33316 090110 BOYNTON BEACH FL 33436 2. Principal Place of Business Mailing Address **BIC** 20 SE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2859688 Not Applicable Zip \$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 FORSYTH, E. JANE Street Address (P.O. Box Number is Not Acceptable) 10940 STAFFORD CIRCLE SOUTH **BOYNTON BEACH FL 33436** 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 Fiorida. SIGNATURE (NOTE: 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State HANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE TITLE Delete NR NAME FORSYTH, E. JANE NAME STREET ADDRESS STREET ADDRESS 10940 STAFFORD CIRCLE S. CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL. TITLE ☐ Delete TITLE President NAME Eric Altman Soo Tropic Blvd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33483 <u>Delray Beach</u> Fl ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

954-924-2888

Daytime Phone #