2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2001 8:00 am **DOCUMENT # J84544** Secretary of State 1. Entity Name PAULMAR INVESTMENTS, INC. 05-14-2001 90212 019 ***150.00 Principal Place of Business Mailing Address 259-A E COMMERCIAL BLVD C/O MARLENE PINSKY LAUDERDALE-BY-THE-SEA FL 33308 4921 N.W. 72ND AVE. LAUDERHILL FL 33319 2. Principal Place of Business Mailing Address 8014 SIRET 8332 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2840857 AMARAC Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PINSKY, MARLENE Street Address (P.Q. Box Number is Not Acceptable) 4921 NW 72ND AVE LAUDERHILL FL 33319 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** Signature, typed or printed name of registered agent and title if applicable. (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 3R2E034 (10/00) ☐ Delete TITI F PINSKY, PAUL NAME NAME 8332 NW 80TH STREET STREET ADDRESS STREET ADDRESS 4921 N.W. 72ND AVENUE TAMARAC, FL, 3332/ CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL TITLE ☐ Delete TITLE PINSKY, MARLENE NAME NAME 2332 NW 80TH STREET STREET ADDRESS STREET ADDRESS 4921 N.W. 72ND AVENUE TAHARAC, FL. 33321 CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL ☐ Delete TITLE TITLE 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-7IP ☐ Change ☐ Delete Addition TITLE TITLE 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

STREET ADDRESS CITY-ST-ZIP

TITLE

SIGNATURE:

CITY-ST-ZIF

NAME STREET ADDRESS

☐ Delete

4-30-01 95V-772-3331

Date Dayline Phone #

☐ Addition