2001 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2001 8:00 am Secretary of State **DOCUMENT # J92835** ABRAMSON, YOUNG, BROOKS & PEFKA, P.A. 02-01-2001 90049 022 ***150.00 Principal Place of Business Mailing Address 1860 FOREST HILL BLVD. 1860 FOREST HILL BLVD. SUITE 201 SUITE 201 W PALM BEACH FL 33406 W PALM BEACH FL 33406 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0005133 Not Applicable Zip 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 YOUNG, STUART Street Address (P.O. Box Number is Not Acceptable) #201 1860 FOREST HILL BLVD. WEST PALM BEACH FL 33406 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete TITLE Change | ☐ Addition PEFKA, DAVID NAME STREET ADDRESS 1860 FOREST HILL BLVD., SUITE 201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL TITLE Delete TITLE ☐ Change ☐ Addition BROOKS, ELLIOT R. NAME NAME STREET ADDRESS 1860 FOREST HILL BLVD STREET ADDRESS CITY-ST-ZIP W PALM BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition YOUNG, STUART A. NAME NAME STREET ADDRESS 1860 FOREST HILL BLVD., #201 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33406 CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 CITY-ST-7IP CITY-ST-ZIP 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 flustre 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 officer or director.

President

OF SIGNING OFFICER OR DIRECTOR

FILED

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