(954) 491-4511

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE AND TYPED OR P

SIGNATURE:

Mar 07, 2001 8:00 am **DOCUMENT # J94650 Secretary of State** 1. Entity Name INTERBANC REAL ESTATE, INC. 03-07-2001 90618 024 ***150.00 Principal Place of Business Mailing Address 2600 E COMMERCIAL BLVD 2600 E COMMERICAL BLVD STE: 200 91E. 219-FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite 200 Suite 200 City & State City & State 4. FEI Number Applied For 65-0007001 Not Applicable Zip Country Zip 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 Registered Agents of Florida, LLC -BERMAN WOLFE RENNERT VOGEL & MANDLER Street Address (P.O. Box Number is Not Acceptable) -100 SE 2ND ST 100 Southeast Second Street - STE-3500-Suite 3500 MIAMI FL 33131-2130-City Miami Zip Code 33131 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. Jeffrey Mandler, VP SIGNATURE nt 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete TITLE LIEBOWITZ, SHELDON STREET ADDRESS 2600 E COMMERCIAL BLVD, 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete LIEBOWITZ, MURRAY NAME 2600 E COMMERCIAL BLVD, 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP Addition TITLE ☐ Delete 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-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 of 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

President,

Sheldon Liebowitz Date

1/23/01