2000	UNIFORM BUSI	ME22 KELOL	ii (UB)	4)		171			
DOCUMENT # K03943 1. Entity Name YALE PROPERTIES-COMMERCIAL, INC.					FILED Apr 21, 2000 8:00 am Secretary of State				
Principal Place	e of Business	Mailing Address				04-21-2000 9	90182 021 **	'*158.	75
5675 SW 35TH FORT LAUDERI US	AVENUE	5675 SW 35TH AVENUE FORT LAUDERDALE FL 33312-6373 US			11	ABIBITI BIL BRIBS (11/8 JE)I BIBBB	10) 010 11 013 17 01 811 1	112 17 1 1011	#:##: (##!
	lace of Business V. Gr. Ffin Rd #, etc.	3. Mailing Address 3201 W. Griffin Rd Suite Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State Dania Be	cich	FI.	4. FEI N	Number 65-0014638	.,	- + -	olied For Applicable
3331		33312	Country U.S.		5. Certi	ificate of Status Desired		5 Addit	tional
000.	6. Name and Address of Current I	Registered Agent			7. Nam	e and Address of New Re	gistered Agent		
DECKELBAUM, GORDON Name DECKE Street Address (F						Jumber is Nor-Acceptable)			
5675 FOR	32C	100 100	νν	Grittin	Rd				
			(C)	110	Bec		FL Z	g Code	312
1 .	Signature, typed or printed name of registered agent a praction is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!!	Registered Agent signate FEE IS \$150.0	00	<u> </u>	Election Campaign Fina	· –		
-	ia on back)	After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta				Trust Fund Contribution.	<u> </u>	Added 1	
11.	OFFICERS AND		12.	,	ADDIT	IONS/CHANGES TO OFFIC			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHTER, MORRIS 4240 GALT OCEAN MILE FT LAUDERDALE FL 33308	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	inte 11 M	er, Morris V. Griffin Beach, F	20 =	hange + 10 1 512	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICHTER, SAM 3400 NE 34 ST #101 FT LAUDERDALE FL 33308	☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP			r, Sam W. Griffi Beach	N Rd	hange	
TITLE , NAME STREET ADDRESS CITY-ST-ZIP	STD. DECKELBAUM, GORDON 5675 SW 35TH AVENUE FORT LAUDERDALE FL 33312	☐ Delete	-TITLE NAME STREET ADDRESS CITY-ST-ZIP	0ë: 320	cīcė	Mayn, G	ardon Se	hange + 10	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				c	Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS					Change	☐ Addition

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #