2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OF

Apr 28, 2001 8:00 am Secretary of State **DOCUMENT # K33450** 1. Entity Name THE COUZINS GROUP, INC. 04-28-2001 90048 003 ***150.00 Principal Place of Business % TRAVELCRAFTERS 2818 2000 UNIVERSITY DR CORAL SPRINGS FL 33071-3032 319 SUNSET BEND DRIVE 33065 2. Principal Place of Business 2818 UNITERS! Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE O & State Applied For 4. FEI Number 65-0072551 SPRINGS Not Applicable \$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 AL-RU ACCOUNTING SERVICE INC. Street Address (P.O. Box Number is Not Acceptable) 6731 SW 9TH PLACE N. LAUDERDALE FL 33068 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) DATE 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 11. OFFICERS AND DIRECTORS CR2E034 (10/00) TITLE ☐ Delete TITLE FULGARO, JAMES M. NAME NAME 10319 Surset Bend STREET ADDRESS STREET ADDRESS 2090 UNIVERSITY DR CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME RAMUS, RICHARD A. 10319 SUNSET BOND DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition 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 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 secure 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.