## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Sep 16, 2002 8:00 am Secretary of State DOCUMENT # K35495 1. Entity Name 02-17-2002 90092 018 \*\*\*150.00 2009 HAMPTONS CORP. 09-16-2002 90102 036 \*\*\*550.00 Principal Place of Business Mailing Address 20281 E COUNTRY CLUB DR 20281 E COUNTRY CLUB DR APT 2009 APT 2009 AVENTURA FL 33180 AVENTURA FL 33180 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 71-0892349 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 FELDMAN, DAVID ESQ. Street Address (P.O. Box Number is Not Acceptable) 407 LINCOLN ROAD, STE, 701 MIAMI BEACH FL 33139 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. काम च हुई, SIGNATURE \_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ` CR2E034 (4/02) ☐ Defete TITI F ☐ Addition NAME FUHRMAN, RIWKA NAME STREET ADDRESS 20281 E COUNTRY CLUB DR., #2009 STREET ADDRESS CITY-ST-ZIP **AVENTURA FL 33180** CITY-ST-ZIP ☐ Delete TITLE TITLE vstd Change Addition FUHRMAN, ZWI NAME STREET ADDRESS STREET ADDRESS 20281 E COUNTRY CLUB DR., #2009 CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** - 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-ZIP CITY-ST-ZIP TITLE 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-7IP CITY-ST-ZIP

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13. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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.