## FILED May 14, 2001 8:00 am **DOCUMENT # K39373** Secretary of State 1. Entity Name YALE PROPERTIES TWO, INC. 05-14-2001 90044 010 \*\*\*150.00 Principal Place of Business Mailing Address 3201 W GRIFFIN RD 3201 W GRIFFIN RD 100 100 DANIA BEACH FL 33312 DANIA BEACH FL 33312 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0078322 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 Name **DECKELBAUM, GORDON** Street Address (P.O. Box Number is Not Acceptable) 3201 W GRIFFIN RD #100 DANIA BEACH FL 33312 Zip Code City 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) 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. ☐ Change ☐ Addition TITLE ☐ Delete TITLE RICHTER, SAM NAME NAME STREET ADDRESS STREET ADDRESS 3201 W GRIFFIN RD #106 CITY-ST-ZIP CITY-ST-ZIP DANIA BEACH FL 33312 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME RICHTER, MORRIS NAME STREET ADDRESS STREET ADDRESS 3201 W GRIFFIN RD #106 CITY-ST-7P CITY-ST-ZIF DANIA BEACH FL 33312 ☐ Addition Delete \_ ☐ Change DECKELBAUM, GORDON NAME NAME STREET ADDRESS STREET ADDRESS 3201 W GRIFFIN RD #106 CITY-ST-ZIP CITY-ST-71P DANIA BEACH FL 33312 ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME

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 eath; 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-965-3636