2001 UNIFORM BUSINESS REPORT (UBR) May 05, 2001 8:00 am Secretary of State **DOCUMENT # K43718** V.F. LONGBOAT KEY III, INC. 05-05-2001 90585 001 *4,950.00 Principal Place of Business Mailing Address 7777 GLADES RD. 7777 GLADES RD. SUITE 300 SUITE 300 40690 **BOCA RATON FL 33434 BOCA RATON FL 33434** 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 65-0128276 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 DEUTCH, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 7777 GLADES RD. SUITE 300 **BOCA RATON FL 33434** 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PDS TITLE ☐ Addition ☐ Change ☐ Delete POMERANTZ, SAUL NAME NAME STREET ADDRESS 8600 DECARIE BLVD., SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOWN OF MOUNT ROYAL QC ☐ Delete TITLE TITLE Change ☐ Addition GATTINGER, FRANKLIN J. NAME NAME STREET ADDRESS 8600 DECARIE BLVD. SUITE 200 STREET ADDRESS CITY-ST-7IP TOWN OF MOUNT ROYAL QC CITY-ST-ZIP ASD TITLE ☐ Delete TITLE ☐ Change ☐ Addition ESPOSITO, RALPH JR NAME NAME STREET ADDRESS 8600 DECARIE BLVD #200 STREET ADDRESS CITY-ST-ZIP MT ROYAL, QC, CANADA CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 altother like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

☐ Delete

01.04.23

514-341-8600

Change

☐ Addition

Daytime Phone #