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2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 06, 2002 8:00 am Secretary of State DOCUMENT # K47376 1. Entity Name 03-06-2002 90084 049 ***158.75 CLINTON REAL ESTATE GROUP, INC. Principal Place of Business Mailing Address 6550 N FEDERAL HWY 6550 N FEDERAL HWY STE 330 FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 US US 2. Principal Place of Business 3. Mailing Address 500 NE Spanish River Blvd 500 NE Spanish River Blvd Suite, Apt. #, etc. Suite 12 Suite, Apt. # etc Suite 12 DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0085309 Boca Raton, FL Boca Raton, FL Not Applicable 33431 Country USA \$8.75 Additional á'3431 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLINTON, DONALD J. Street Address (P.O. Box Number is Not Acceptable) 6550 N FEDERAL HWY 500 NE Spanish River Blvd. Suite 12 **STE 330** FORT LAUDERDALE FL 33308 City Boca Raton 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 DATE 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 31. 12. (9/01) ☐ Addition TITI F PD Delete TITLE CLINTON, DONALD J. NAME NAME CR2E034 6550 N FEDERAL HWY STE 330 STREET ADDRESS STREET ADDRESS 500 NE Spanish River Blvd., Suite 12 FORT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP Boca Raton, FL 33431 TITLE ☐ Delete TITI F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ±IΩLF: Change ___ Addition= NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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-7IP 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if