FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 24, 2002 8:00 am DOCUMENT # K52010 **Secretary of State** 1. Entity Name 02-24-2002 90015 034 ***150.00 FALCON BUILDING, INC. Principal Place of Business Mailing Address %HOWARD J. FALCON %HOWARD J. FALCON 125 WORTH AVENUE, STE. 310 125 WORTH AVENUE, STE. 310 PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address 1620 LANDS END ROAD 1620 LANDS END ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0088623 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FALCON, HOWARD J III Street Address (P.O. Box Number is Not Acceptable) 301 N. OLIVE AVE., SUITE 601 WEST PALM BEACH FL 33401 Zip Code City 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) 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, 2002 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. Change Addition TITLE PSD ☐ Delete TITLE PSD FALCON, HOWARD NAME FALCON, HOWARD J. NAME 1620 LANDS END ROAD STREET ADDRESS STREET ADDRESS 125 WORTH AVE. CITY-ST-ZIP CITY-ST-ZIP MANALAPAN, FL. PALM BEACH FL Change TITLE ☐ Delete TITLE Addition NAME FOELSCH, NORMA NAME STREET ADDRESS STREET ADDRESS 148 FAIRVIEW EAST CITY-ST-7IP CITY-ST-7IP TEQUESTA FL ☐ Change TITLE. ☐ Delete TITLE 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 ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TIT) F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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