DOCU 1. Entity Nam SUPREM						Apr 13, 200 Secretary 04-13-2001 90070	of St	ate	1
Principal Place of Business PSOD GLADES RAOD SHE 390 SHOR RATON FL 33434-4165 4104 SS		Mailing Address 7900 GLADES ROAD 510 ろえの BOCA RATON FL 33434-4165 ピロー				うとうさんせ DANNER BENERING BENER			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
SUITE 320		SUITE 320					1 14	nation For	7
City & Stat	e	City & State	•		. 4. 1	-El Number 65-0100635		pplied For ot Applicable	1
Zip 3434-410	Country 04	Zip 33434~4104	Count	ry	5. (Certificate of Status Desired	\$8.75 Ad Fee Require].
	-6. Name and Address of Current F	legistered Agent -			7. N	lame and Address of New Registered	J Agent]
7900 SUIT BOC	OBSOHN, HAROLD B. OGLADES ROAD E 510 A RATON FL 38434 Inamed entity spomits this statement for	the purpose of changing its	registere	Street Addi 7900 GI City BOCA R	ress (P.O. B LADES J ATON		L Zip Coo 33432	de 4-4104	
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back) OFFICERS AND D	FILE NOW! After MAY 1, 20 Make Check Payab	01 Fee v	vill be \$550	f State	Election Campaign Financing Trust Fund Contribution. DITIONS/CHANGES TO OFFICERS AN	☐ Adde	May Be d to Fees]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JACOBSOHN, HAROLD B. 7900 GLADES ROAD, SUITE 510 BOCA RATON FL 33434	☐ Delete		T ADDRESS 7	P ACOBSO 900 GL	HN, HAROLD B. ADES ROAD, SUITE 320 TON, FL 33434-4104	≵ Change	☐ Addition	00/00/
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JACOBSOHN, RALPH 3030 HAMPTON PLACE BOCA RATON FL	☐ Delete		GA TADORESS 7	RY R	KOOLIK ADES ROAD SUITE 320 TON FL 33434-4104	.[☑ Change	Addition	2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BEATRIZ R. JACOBSOHN 7900 GLADES ROAD BOCA RATON FL 33434	☐ Delete	•	T ADDRESS 7	900 GL	R. JACOBSOHN ADES ROAD SUITE 320 TON FL 33434	≵ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TADDRESS 7	ANIA KO	OOLIK ADES ROAD SUITE 320 FON, FL 33434-4104	☐ Change	₹ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		T ADDRESS ST-ZIP			☐ Change	☐ Addition	
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver of trubble employed	true and accurate and that n	ny signati	ure shall have	e the same l	legal effect as if made under oath; that	I am an office	r or director	

2001 UNIFORM BUSINESS REPORT (UBR)