2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 13, 2001 8:00 am Secretary of State **DOCUMENT # K89848** FISCHBACH INVESTMENT PROPERTIES, INC. 04-13-2001 90002 035 ***150.00 Principal Place of Business Mailing Address C/O DAVID J MEAKHAUS C/O DAVID J MEAKHAUS 4800 N FED HWY #210 A 4800 N FED HWY #210 A 943667 BOCA RATON FL 33431 **BOCA RATON FL 33431** DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2945511 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent · Name MENKAUS, DAVID J Street Address (P.O. Box Number is Not Acceptable) 24a√-4800-N FEDERAL HWY SUITE 210-A- 140 **BOCA RATON FL 33431** 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change CR2E034 (10/00) ☐ Addition ☐ Delete TITLE TITLE Menkhaus, David J. 2424 N. Federal Huy #160 Boca Raton, FL 3343/ MENKHAUS, DAVID J NAME NAME STREET ADDRESS STREET ADDRESS 4800 N FEDERAL HWY #210A CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Addition TITLE ☐ Delete TITLE Alt. Les S. ALT, LES S NAME NAME 2424 N. Federal Huy #160 4800 N FEDERAL HWY #210A STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33431** Boca Raton FL 3343/ Addition | TITLE ☐ Delete TITLE NAME-*** = -NAME . 2430 NE 19912 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3180 CITY-ST-7IP Jorth Miami ☐ Delete TITLE ☐ Change Addition TITLE 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 ☐ Delete TITLE ☐ Change Addition TITLE NAME 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 all other like empowered.

CITY-ST-ZIP

SIGNATURE: REAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP