## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 15, 2001 08:00 AM DOCUMENT # K91350 1. Entity Name **Secretary of State** GARCIA/BRENNER & STROMBERG, INC. Principal Place of Business Mailing Address %ERIC A. SIMON %ERIC A. SIMON 751 PARK OF COMMERCE DR. SUTIE 118 751 PARK OF COMMERCE DR. SUTIE 118 BOCA RATON BOCA RATON 33487 33487 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 65-0126660 Not Applicable Zip Country Zip 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 SIMON, ERIC A 1500 NW 49TH ST #401 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL33309 US 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. ERIC A. SIMON 01/15/2001 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 FILE NOW!!! FEE 10 \$100.00 \_\_\_\_\_\_\_After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE **X** Change ☐ Addition CR2E034 (11/00) BRENNER, STUART M MAME NAME BRENNER, STUART M 3264 NW 65TH STREET STREET ADDRESS STREET ADDRESS 3264 NW 65TH STREET CITY-ST-ZIP BOCA RATON $\mathbf{FL}$ CITY-ST-ZIP BOCA RATON D ☐ Delete TITLE X Change NAME GARCIA, JORGE H NAME GARCIA, JORGE H STREET ADDRESS 1240 PEPPERRIDGE TERRACE STREET ADDRESS 1240 PEPPERRIDGE TERRACE CITY-ST-ZIP BOCA RATON FL 33487 CITY-ST-ZIP BOCA RATON FL33487 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jorge H. Garcia P 01/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #