FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 11, 2002 8:00 am DOCUMENT # L0000008453 Secretary of State 01-11-2002 90013 042 ****50.00 MADURA & TEMPLETON, CERTIFIED PUBLIC ACCOUNTANTS , PL Principal Place of Business Mailing Address 2133 NORTHWEST 5TH STREET 2133 NORTHWEST 5TH STREET BOCA RATON FL 33486 **BOCA RATON FL 33486** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-1026119 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SINGER, BERNARD A Street Address (P.O. Box Number is Not Acceptable) 4925-A SHERIDAN STREET HOLLYWOOD FL 33021 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. ☐ Change Addition 10/6 TITLE Delete TITLE NAME MADURA, MARY NAME STREET ADDRESS CR2F083 STREET ADDRESS 2133 NORTHWEST 5TH STREET CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33486** TITLE Delete TITLE ☐ Change ☐ Addition NAME TEMPLETON, DIANE NAME STREET ADDRESS STREET ADDRESS 7985 SW 165TH STREET CITY-ST-ZIP CITY-ST-2IP MIAMI FL 33157 TITLE ☐ Delete TITLE ☐ Change ☐ 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 Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

MUGNATURE RECMARYEMADULA

1/8/2002 561-338-5084