2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empower changed, or on an attachment with an address, will

SIGNATURE AND TYPED OR

SIGNATURE:

Mar 09, 2001 8:00 am **DOCUMENT # L02879 Secretary of State** GERALD A. MAYER, O.D., P.A. 03-09-2001 90499 035 ***150.00 Principal Place of Business Mailing Address 556 WEST OAKLAND PARK BOULEVARD 5556 WEST OAKLAND PARK BOULEVARD LAUDERHILL FL 33313 LAUDERHILL FL 33313 00023816 2. Principal Place of Business 1167 W.Oak Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0151461 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAYER, GERALD A Street Address (P.O. Box Number is Not Acceptable) 5556 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33313 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD CR2E034 (10/00) TITLE ☐ Delete TITLE MAYER, GERALD A NAME NAME 5558 W OAKLAND PARK BLVD < STREET ADDRESS STREET ADDRESS TAUDERHILL FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE [™] Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP ☐ Change TITLE 🔲 Delete 🕹 TITLE Addition NAME 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