FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # L42792 1. Entity Name M.A.F. REALTY, INC. 04-10-2001 90006 032 ***150.00 Principal Place of Business Mailing Address 3335 N. UNIVERSITY DRIVE 3335 N. UNVERISTY DRIVE SUITE 1 SUITE 1 HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 2. Principal Place of Business 3. Mailing Address 6101 ORange 61010 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0165619 Dame Davie 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__ الرياب إيعاد الرازي هواد والعلما فسعاه FERREIRA, MARSH A. Street Address (P.O. Box Number is Not Acceptable) 3335 N. UNIVERSITY DRIVE SUITE 1 HOLLYWOOD FL 33024 Zip Code City 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is a gible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE ☐ Addition TITLE FERREIRA, MARSH A. NAME NAME STREET ADDRESS STREET ADDRESS 3335 N. UNIVERSITY DRIVE-#1-CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD-FL-33024 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete _ ☐ Change ☐ Addition TITLE TITLE NĀME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIF TITLE Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 is changed, or on an attachment with an address, with all other like empowered.

MARSH A. FERREIRA