2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 01, 2001 8:00 am Secretary of State **DOCUMENT # L55549** FLORIDA FINANCIAL HOLDING CORPORATION 03-01-2001 90018 011 ***150.00 Principal Place of Business Mailing Address 1177 SE THIRD AVE 1177 SE THIRD AVE FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0195310 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PERLOFF, JOHN W. Street Address (P.O. Box Number is Not Acceptable) 1177 SE THIRD AVE FT LAUDERDALE FL 33316 Zip Code FL 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 DATE (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 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP ☐ Change ☐ Addition CR2E034 (10/00 TITLE TITLE Delete BARKER, ART NAME NAME 1313 S. ANDREWS AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL VSD [] Change ☐ Addition ☐ Delete TITLE TITLE PERLOFF, CYNTHIA L. NAME NAME 1177 SE 3RD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE BARKER, SHELLY NAME NAME 1313 S. ANDREWS AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL TITLE ☐ Delete TITL F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITI F Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Change Addition TITLE ☐ Delete 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 of wustee empowered in execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if her like empowered changed, or on an attachr

SIGNATURE: