2001 UNIFORM BUSINESS REPORT (UBR)

May 05, 2001 8:00 am Secretary of State **DOCUMENT # L67800** 1. Entity Name SCHARSEA, INC. 05-05-2001 90716 027 ***150.00 Principal Place of Business Mailing Address 3 SW 129TH AVE. 3 SW 129TH AVE. PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0191590 Not Applicable Zip Country Zìp 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 SERNS, DAVID R. Street Address (P.O. Box Number is Not Acceptable) 2040 NE 163RD STREET **SUITE 302** NORTH MIAMI BEACH FL 33162 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, 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 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. 12. CR2E034 (10/00) ☐ Addition ☐ Delete Change TITLE TITLE SCHAFFER, ROWLAND NAME NAME STREET ADDRESS STREET ADDRESS 3 SW 129TH AVE. CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL ☐ Delete Change ☐ Addition TITLE TITLE KAPLAN, IRA D. NAME NAME STREET ADDRESS STREET ADDRESS 3 SW 129TH AVE. CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL ☐ Change TITLE ☐ Delete TITLE ☐ 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 Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: 1

SUNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

FILED