2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address w

FILED Apr 22, 2002 8:00 am secretary of State DOCUMENT # L73813 1. Entity Name 04-22-2002 90314 006 ***150.00 NO WHINING, INC. Mailing Address Principal Place of Business C/O SHELDON J. SCHLESINGER C/O SHELDON J. SCHLESINGER 1212 SOUTHEAST 3RD AVENUE 1212 SOUTHEAST 3RD AVENUE FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0285318 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent ===6,=Name and Address of Current Registered Agent SCHLESINGER, SHELDON J. Street Address (P.O. Box Number is Not Acceptable) 1212 SOUTHEAST 3RD AVENUE FORT LAUDERDALE FL 33316 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. 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME SCHLESINGER, SHELDON J. NAME STREET ADDRESS STREET ADDRESS **1212 SE 3 AVENUE** CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE 🔼 Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with the filiping 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.

SHELDON U. SCHLESINGER, President 4/9/02

INTED NAME OF SIGNING OFFICER OR DIRECTOR