FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2001 8:00 am **DOCUMENT # M20276 Secretary of State** SCHNUR AND SCHNUR, P.A. 03-29-2001 90369 022 ***150.00 Principal Place of Business Mailing Address 7880 W. OAKLAND PARK BLVD. 7880 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33351-6788 FT. LAUDERDALE FL 33351-6788 HS 2. Principal Place of Business 1211 S.W. 7 3. Mailing Address 1221 S.W.74 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE PLANTATION City & State 4. FEI Number Applied For 59-2574048 GANTATION EL Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired (JROWARD BROWARD 333*17* 33317 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHNUR MURRIS MORRIS J. SCHNUR Street Address (P.O. Box Number is Not Acceptable) 7880 W. OAKLAND PARK BLVD., #300 FT. LAUDERDALE FL 33351 8. The above named patity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change CR2E034 (10/00 TITLE ☐ Defete TITLE NAME NAME SCHNUR, MORRIS J. STREET ADDRESS STREET ADDRESS 7880 W. OAKLAND PK BLVD. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SCHNUR, KENNETH A. NAME STREET ADDRESS STREET ADDRESS 7880 W. OAKLAND PK BLVD. CITY-ST-7IP CITY-ST-ZIP FT. LAUDERDALE FL TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

Merica

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/01

954-792-1800