2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # M24208 1. Entity Name **HEARTWOOD 91-3 INCORPORATED** 04-30-2001 90101 040 ***150.00 Principa: Place of Business Mailing Address C/O JOHN E. ABDO C/O JOHN E. ABDO 1750 E SUNRISE BLVD 1750 E SUNRISE BLVD FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suito, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2697185 Not Applicable Zip Country Zip 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 Jarett S. Levan FURMAN, JACK A ESQ Street Address (P.O. Box Number is Not Acceptable) 1750 E. Sunrise Blvd. 1750 E SUNRISE BLVD FT LAUDERDALE FL 33304 Zip Code 333304 Fort Lauderdale 8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Jarett S. Levan Signature, typed (NOTE: Registered Agent signature required when reinstating) registered agent and title il applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 PD TITLE ☐ Dalete TITLE ☐ Change Addition ABDO, JOHN E. NAME NAME STREET ADDRESS 1750 E SUNRISE BLVD STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP ☐ Delete TITLE □ Change Addition Addition NAME ABER, WILLIAM NAM= STREET ADDRESS 1750 E SUNRISE BLVD. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME LEVAN, JARETT S NAME STREET ADDRESS 1750 E SUNRISE BLVD STREET ADORESS CITY-ST-ZiP FT LAUDERDALE FL CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Acdition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addit on NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jarett S. Levan