2001 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2001 8:00 am Secretary of State **DOCUMENT # M28075** 1. Entity Name HEARTWOOD 91-1 INCORPORATED 04-28-2001 90080 033 ***150.00 Principal Place of Business Mailing Address 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. DO NOT WRITE IN THIS SPACE Suite. Apt. #. etc. Applied For City & State City & State 4. FEI Number 59-2697191 Not Applicable 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 Jarett S. Levan FURMAN, JACK A ESQ Street Address (P.O. Box Number is Not Acceptable) 1750 E SUNRISE BLVD 750 E. Sunrise Blvd. FT LAUDERDALE FL 33304 Zip Code 33304 Fort Lauderdale 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. Jarett S. Levan Signature, typed or printed name of regist d 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PD ☐ Addition TITLE ☐ Change TITLE ☐ Delete ABDO, JOHN E NAME NAME 1750 EAST SUNRISE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Change ☐ Addition ☐ Delete TITLE TITLE ABER, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 1750 E SUNRISE BLVD CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL ST TITLE ☐ Change ☐ Addition ☐ Delete TITLE LEVAN, JARETT S NAME NAME STREET ADDRESS 1750 E SUNRISE BLVD STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TIT! F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 or trustee ampowered 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.

Jarett S. Levan

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

URE AND TYP

SIGNATURE:

954-585-2710

Daytime Phone #