2001 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2001 8:00 am Secretary of State **DOCUMENT # M82312** 1. Entity Name SUBBELT DEVELOPMENT CORPORATION 02-27-2001 90310 002 ***150.00 Principal Place of Business Mailing Address 4201 N OCEAN DR. 4201 N OCEAN DR. SUITE 603/605 SUITE 603/605 HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0051093 Not Applicable Zio Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUSSMAN. PAUL R.-Street Address (P.O. Box Number is Not Acceptable) 4201 N. OCEAN DR. HOLLYWOOD FL 33019 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Recistered 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Addition CR2E034 (10/00) THE Delete TITLE SUSSMAN, PAUL R. NAME NAME STREET ADDRESS STREET ADDRESS 4201 N. OCEAN DR. \$6 march 1378 - 7 CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Addition PASSALACQUA, JOHN NAME NAME STREET ADDRESS 4201 N. OCEAN DR. STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP TITLE TITLE ☐ Delate ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change -TITLE Defeie NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITI F ☐ 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 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. 0-607

FILED