2001 UNIFORM BUSINESS REPORT (UBR) FILED May 22, 2001 8:00 am DOCUMENT # N 0000000 1088 1. Entity Name **Secretary of State** The Papa Foundation, Inc. 05-22-2001 90637 022 ****61.25 Principal Place of Business Mailing Address 1300 SE 157 Street **6006947**9 Uni + 4 Ft. Landerdale, FL 33301 2. Principal Place of Business 3. Mailing Address Miami Road 1415 Miami Koaz 1415 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Uni+ Unit G City & State City & State 4. FEI Number Applied For Lauderdale, FL Ft. Landerdak 65-0952916 Not Applicable ^{Zip} 33316 \$8.75 Additional 5. Certificate of Status Desired 3331LP Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Tanya L. Bower, Esq. langa L. Bower 2655-Le Jeune Road, Suite 1101 Street Address (P.O. Box Number is Not Acceptable) Coral Gables, FL 33134 15th Floor Zip Code 3330 Ft. Landerdale 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 OTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to . FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. Dean Papas, Director Director, President TITI F NAME 1300 SE IST Street, Unit 4 1415 Miami Road, Unit G STREET ADDRESS STREET ADDRESS Ft. Lauderdale, FL 33316 Ft. Landerdale, FL 33301 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Director ☐ Delete TITLE Mile Scanlon 130 Library Lane NAME STREET ADDRESS STREET ADDRESS Matthews, NC CITY-ST-ZIP CITY-ST-ZIP 28105 Director Change ☐ Addition: Director ☐ Delete TITLE Tanya L. Bower , 15th Floor Tanya L. Bower 24., Suite 1101 NAME. NAME STREET ADDRESS STREET ADDRESS Ft. Landerdale, FL 3,3301 CITY-ST-ZIP CITY-ST-ZIP Coral Gables, FL 33134 Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Date