2002 UNIFORM BUSINESS REPORT (UBR) FILED Mar 05, 2002 8:00 am Secretary of State DOCUMENT # N0000001812 2889 ASSOCIATION, INC. 03-05-2002 90047 048 ****61.25 Principal Place of Business Mailing Address 2889 N.E. 33RD COURT 2889 N.E. 33RD COURT FT LAUDERDALE FL 33306 FT LAUDERDALE FL 33306 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 65-0992340 Not Applicable 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 SHELDON, SANDRA Street Address (P.O. Box Number is Not Acceptable) 2889 NE 33RD CT UNIT 2 FORT LAUDERDALE FL 33306 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: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E037 (9/01 MADRIGANO, ROCCO NAME NAME STREET ADDRESS 5 HIDDEN HOLLOW CT STREET ADDRESS CITY-ST-ZIP **GREENBROOK NJ 08812** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition SHELDON, SANDRA NAME STREET ADDRESS 5 HIDDEN HOLLOW CT STREET ADDRESS CITY-ST-ZIP **GREENBROOK NJ 08812** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HARDY, DIERDRE NAME 2889 NE 33RD CT #4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33306 CITY-ST-7/P

STREET ADDRESS
CITY-ST-ZIP

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 of truesdee 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—with all other like empowered.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

elmán, marty

3921 MILITART ROAD NW

WASHINGTON DC 20015

SALLADIN, FLORENCE

2889 NE 33RD CT #3

FORT LAUDERDALE FL 33306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

☐ Delete

☐ Delete

☐ Delete

2/15/02

150 5100

Change

☐ Change

☐ Change

☐ Addition

☐ Addition

☐ Addition

Daytime Phone #