2001 UNIFORM BUSINESS REPORT (UBR)

May 21, 2001 8:00 am Secretary of State DOCUMENT # N0000005774 1. Entity Name 05-21-2001 90372 035 ****61.25 ZOSCHNICK GROUP HOME, INC. Principal Place of Business Mailing Address 3759 NW 91 TERR 3759 NW 91 TERR SUNRISE FL 33351 SUNRISE FL 33351 2. Principal Place of Business 3. Mailing Address NW 9/Lane 91 Lane DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Sunrise Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent P.O. Box Number is Not ZOSCHNICK, MATTHEW 3759 NW 91 TERR SUNRISE FL 33351 City Sunrise 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 FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Change ☐ Addition ☐ Delete TITLE ZOSCNICK, MATTHEW NAME NAME 3759 Nw 91 Lane STREET ADDRESS 3759 NW 91 TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SUNRISE FL 33351 Change ☐ Addition TITLE Delete TITLE CUSHMAN, CAROLYN NAME NAME 3759 NW 9/ Lane STREET ADDRESS 3759 NW 91 TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33351 TITLE ☐ Delete TITLE ☐ Change ☐ Addition ALDERMAN, ELIZABETH NAME NAME STREET ADDRESS STREET ADDRESS 8320 NW 201 TERR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33015 TITLE ☐ Defete TITLE ☐ Change Addition NAME KOSTVER, MARCELLO NAME STREET ADDRESS 3161 W OAKLAND PARK BLVD #5 STREET ADDRESS CITY-ST-ZIP OAKLAND PARK FL 33311 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS 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 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

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changed, or on an attachment with an address, with all other like empowered SIGNATURE