8/29/01-90011-027-$61.25-$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000000 5899

1. Entity Name
FLORIDA WILDLIFE HABITATS, Inc.

(R)

Principal Place of Business (Change of Address) Mailing Address
From: #50, 4260 NW 1st Ave, Boca Raton FL 33431
To: 2151 NE 42nd Court
Lighthouse Point, FL 33064

FILED
01 OCT -9 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A0082874
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1040692 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Teresa Roman, V.P. Filings, Inc. a Fl. Corp. 3732 Northwest 16th Street Fort Lauderdale, FL 33311	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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

FILE NOW: FEE IS $61.25 ✓

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Jane~~ President Jonathan Friedman 2151 NE 42nd Ct. 224-D Lighthouse Point, Fl 33064	☐ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Ms. Alana Edwards 100 Riverwoods Circle Lorida, FL 33857	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Allen Yefeeth V. President	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Mr. Ken Masur 100 Riverwoods Cir. Lorida, FL 33857	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Jonathan Friedman same as above.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Director Catherina T. Engels 2151 NE 42nd Ct 224-D Lighthouse Point, Fl 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Ms. Alana Edwards~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS	☐ Change ☐ Addition

CR2E037 (11/00)

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, with all other like empowered.

SIGNATURE: Catherina T Engels Director/ 8/8/01 863-763-5468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #