2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N 19588 Apr 11, 2001 8:00 am 1. Entity Name Secretary of State laufair AT Jaca randa 04-11-2001 90091 013 ****61.25 ROWRIS ASSOCIATION, Inc. Principal Place of Business Mailing Address Principal Place of Business Management Inc. DO NOT WRITE IN THIS SPACE PKWY 4. FEI Number 593464 Applied For Not Applicable \$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 Steven A. Weinberg 7805 SW644 Con Street Address (P.O. Box Number is Not Acceptable) Plantofion, FL 33324 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to. FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Change TITLE Stanley Princes Delete TITLE Jay Abbazia IIIRA Saugrass Corp. PKWY Sunnsc, FL 33323 NAME MAME 1850 NW 94 Avenue STREET ADDRESS STREET ADDRESS Plantation, FL 33322 CITY-ST-ZIP CITY-ST-ZIP Andrew Casper 0^{10} Delete ☐ Change TITLE TITLE Gary Norton 1189 Sawgrass Corp. Pluy. Sunrise, FL 33323 NAME NAME 9560 NW 18th manor STREET ADDRESS STREET ADDRESS Plantation, FL 33322 CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE TITLE Jeff Blumberg 11789 Sawgrass Corp. Pkwy. NAME NAME STREET ADDRESS STREET ADDRESS Sunnise IFL 33323 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition Charlie Cristiano 1189 Sawgrass Corp Pkwy. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Sunvise, F ☐ Change DZ TITLE TITLE Addition ☐ Delete Ellyn Fabricant 1189 Saugrass Corp Pkwy. NAME. ___ NAME STREET ADDRESS STREET ADDRESS Sunrise, CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <

CR2E037 (11/00)