

AMENDED
NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

09-15-2003 90155 050 ****70.00

N33734

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33734	
1. Entity Name TRANSFLORIDA EXECUTIVE CENTRE, INC.	

DO NOT WRITE IN THIS SPACE

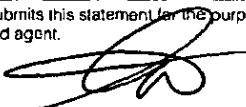
2. Principal Place of Business 4140 Battersea Road	3. Mailing Address (same)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Coconut Grove, FL.	City & State
Zip 33133	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-017729	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent
	Name MURRY COHEN
	Street Address (P.O. Box Number is Not Acceptable) 4140 Battersea Road
	City Coconut Grove FL Zip Code 33133

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. I am familiar with, and accept the obligations of registered agent.

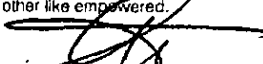
SIGNATURE  MURRY COHEN
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MURRY COHEN 4140 Battersea Road Coconut Grove, Fl. 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D MICHAEL W. KIRSHON 7700 West Camino Real, Suite 400 Boca Raton, Fl. 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D RICHARD H. HARRIS 6400 N. Andrews Avenue, Suite 320 Ft. Lauderdale, Fl. 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  MURRY COHEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)